

COMMERCIAL LOAN APPLICATION

CREDIT REQUESTED				
Amount Requested	Term of Credit Requested	Loan Type	Credit Request <input type="checkbox"/> Applicant Only <input type="checkbox"/> Joint With Co-Applicant(s)	
Market Survey	Purpose of Credit Request	App #	We intend to apply for joint credit: Applicant _____ Co-Applicant _____	
COMPLETION INSTRUCTIONS FOR APPLICANT				
Complete the Applicant information for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Guarantor, Cosigner, Grantor (of collateral), or Other for a different capacity. If the Applicant is a married individual, he or she may apply for individual credit. (Do Not complete Marital Status question below if application is for individual unsecured credit)				
APPLICANT INFORMATION:				
Applicant is a: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Cosigner <input type="checkbox"/> Grantor <input type="checkbox"/> Other _____				
Name of Applicant (Business Name or Last Name if Individual)		Applicant First Name (If individual)		SSN/TIN#
Assumed Business Names (If Any)		Filing Dates	Filing Locations	DBA Name
Check Appropriate Box <input type="checkbox"/> If you are applying for individual credit and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the section for marital status. <input type="checkbox"/> If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person on whose alimony, support or maintenance payments or income or assets you are relying. <input type="checkbox"/> If you are applying for joint credit with another applicant, complete all sections and attach joint application.				Marital Status (If Individual Borrower) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Street Address		City	ST	Zip Code Phone Number
Mailing Address		City	ST	Zip Code
Principal Office Address (if not listed above)		City	ST	Zip Code
State of Organization	Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> A Proprietorship <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association <input type="checkbox"/> A Trust <input type="checkbox"/> A Gov't Entity <input type="checkbox"/> A LLC			
SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT				
Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

Use Additional Sheet if Necessary

SCHEDULE OF ASSETS		
Description	Value	Subject to Debt
	Total:	\$

Use Additional Sheet if Necessary

SCHEDULE OF LIABILITIES		
Description	Type	Current Balance
	Total:	\$

Use Additional Sheet if Necessary

SCHEDULE OF EXPENSES			
Description	Type	Amount	Per
	Annualized Total:	\$	

Use Additional Sheets If Necessary

INCOME SCHEDULE			
Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Description	Type	Annualized Amount	
	Annualized Total:	\$	

Use Additional Sheets If Necessary

FINANCIAL AND INCOME STATEMENT SUMMARY			
Total Assets: \$		Total Annual Income: \$	
Total Liabilities: \$		Total Annual Expenses: \$	
Net Worth: \$		Net Annual Cash Flow: \$	

RELATIONSHIP INFORMATION - APPLICANT'S HISTORY WITH LENDER

☐ New Customer
☐ Existing Customer

Customer Since(MM-YYYY): _____
 Last Tax Return Date on File(YYYY): _____

Last Financial Statement Date(MM-DD-YYYY): _____
 Last Credit Report Date(MM-DD-YYYY): _____
 Last Credit Bureau: _____

Liabilities with Lender

Direct: \$ _____
 Contingent: \$ _____
 Total: \$ _____

Deposits with Lender

DDA Avg: \$ _____
 Other Avg: \$ _____
 Total Avg: \$ _____

Total Credit With Lender

New Credit: \$ _____
 Proposed Total: \$ _____

SIGNERS FOR THIS APPLICANT

Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Name	Title	Authorized	SSN #
Street Address	City	ST	Zip Code Phone Number
Use Additional Sheet If Necessary			

APPLICANT SIGNATURES

I/We hereby apply for the loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

Appraisal Notice: If applicable, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

APPLICANT:

By: _____ Date: _____ By: _____ Date: _____
 By: _____ Date: _____ By: _____ Date: _____
 By: _____ Date: _____ By: _____ Date: _____

Use Additional Sheet If Necessary**FOR LENDER'S USE ONLY**

Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Branch	Application Date	Application No.	Commitment No.	Loan No.

Decision and Comments: ☐ Approved ☐ Denied ☐ Incomplete ☐ Counteroffer ☐ Conditional Approval ☐ Withdrawal ☐ Other: _____

ELECTRONIC AND TELEPHONE COMMUNICATIONS CONSENT AGREEMENT

First Bank and Trust
Main Location
501 Main Street
Memphis, TX 79245

First Bank and Trust
Amarillo Location
6900 I-40 West, Suite 125
Amarillo, TX 79106

From time to time we may send you information and documents by email related to your account or in reference to other inquiries. If required by law and unless you have provided us with consent to receive electronic communications as required by the Electronic Signatures in Global and National Commerce Act (ESIGN Act), such information may also be provided in hard copy. Note that this document does not provide ESIGN Act consumer consent. If you would like to receive email from us, please provide your preferred email address below. We will never request personal or sensitive information via email from you.

I would like to receive emails from First Bank and Trust at the following email address(es):

(e-mail address)

(e-mail address)

I authorize First Bank and Trust to deliver non-emergency voice calls and texts, which may include telemarketing messages, to the following phone number(s):

(telephone number)

(telephone number)

I understand and agree that such phone calls and texts may be delivered using an automatic telephone dialing system, which can include any phone that is not a rotary phone, or an artificial or prerecorded voice.

I understand and agree that I am not required to consent to be contacted as a condition to receiving any product or service.

I understand that I am not required to consent to the electronic delivery of information or documents and separate ESIGN Act consumer consent to electronic delivery may be required for certain types of communications.

APPLICANT(S):

X _____
Applicant Date

X _____
Applicant Date