



APPLICANT(S)

Business Name: _____	Years in Business: _____
Owner's Name(s): _____	Tax ID Number/SSN: _____
Address: _____	Phone Number: _____
Type of Business: _____	Contact: _____
Type/Date of Organization: _____	State of Incorporation: _____
	Applicant's Accountant: _____
	Applicant's Attorney: _____

INFORMATION CONCERNING OWNER(S) AND GUARANTOR(S)

Name	Address	Title	Ownership	Social Security No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOAN REQUEST

Amount Requested: \$ _____
Collateral: _____

Term: _____
Other: _____

<i>Please provide business and personal tax returns for the last three years.</i>

PURPOSE OF LOAN

BUSINESS REFERENCES

Are there any debts not listed on the financial statements for which your business is obligated? _____
If yes, what is the total liability? \$ _____
Is your business party to any claim or lawsuit? _____
Have you ever owned or operated a business which declared bankruptcy? _____
Does your business owe any taxes for years prior to the current year? _____
<i>If you answered yes to any of these questions, please provide the details on an attachment.</i>

I/We certify that all of the above statements made are true and complete and are made for the purpose of obtaining credit from Bath Savings Institution (BSI) for the amount and purpose as stated. I/We authorize BSI to make any credit, employment or investigative inquiry that BSI determines appropriate for the extension of credit or the collection of amount owed to BSI. BSI may furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. If I/We ask, I/We will be informed whether or not a consumer report (credit report) was obtained; and if a report was obtained, I/We will be informed of the name and address of the consumer reporting agency that furnished the report.

NOTICE OF INSURANCE

If checked, property insurance is also required in connection with this loan. Maine Law provides that I may obtain property insurance coverage through the agency or from the insurance company of my choice, The policy must name BSI as loss payee and must be replacement cost coverage for the lesser of the insurable value of the collateral or the principal of the loan.

Date _____ Applicant(s): _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to dwelling, in order to monitor the Lender's compliance with Equal Credit Opportunity, Fair Housing and Home Mortgage Disclosure laws. You are not required to furnish information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

BORROWER

I do not wish to furnish this information

RACE/NATIONAL ORIGIN:

- American Indian or Alaskan Native
- Black, not of Hispanic Origin
- Asian or Pacific Islander
- White, not of Hispanic Origin
- Hispanic
- Other (specify) _____

SEX:

- Female
- Male

CO-BORROWER

I do not wish to furnish this information

RACE/NATIONAL ORIGIN:

- American Indian or Alaskan Native
- Black, not of Hispanic Origin
- Asian or Pacific Islander
- White, not of Hispanic Origin
- Hispanic
- Other (specify) _____

SEX:

- Female
- Male

BANK USE ONLY

Interest Rate: _____	Term: _____
Fees: _____	_____
Payment Amount: _____	Date Received: _____
Loan Amount: _____	Date Approved: _____