



Bath Savings Institution
Since 1852

**COMMERCIAL
LOAN
APPLICATION**

LOAN REQUEST

Amount Requested: \$	Term:
Collateral Description:	
Purpose of Loan:	
<i>Please provide business and personal tax returns for the last three years.</i>	

APPLICANT(S) INFORMATION

Business Name:	Years in Business:
Owner's Name(s):	Tax ID or SSN #:
	Phone Number:
Address:	Mobile Number:
	Fax Number:
Email Address:	
Type of Business:	
Type of Organization:	Date of Organization:

INFORMATION CONCERNING OWNERS(S) AND GUARANTOR(S)

Name	Address	Title	Ownership	SSN#

BUSINESS REFERENCE

Are there any debts not listed on the financial statements for which your business is obligated? Yes No
 If yes, what is the total liability? \$
 Is your business party to any claim or lawsuit? Yes No
 Have you ever owned or operated a business which declared bankruptcy? Yes No
 Does your business owe any taxes for years prior to the current year? Yes No
If you answered yes to any of these questions, please provide the details on an attachment.

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.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Bath Savings within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is

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

Applicant(s): _____ Date: _____

COMMERCIAL LOAN APPLICATION *(continued)*

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 not 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/GUARANTOR	CO-BORROWER/GUARANTOR
Name	Name
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>ETHNICITY:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>RACE/NATIONAL ORIGIN:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p>SEX:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>ETHNICITY:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>RACE/NATIONAL ORIGIN:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p>SEX:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>