

Bridge City Bank Commercial Loan Application

LEGAL BUSINESS INFORMATION			
Legal Business Name:		Legal Tax ID #:	
Legal Business Address:		City:	State: ZIP:
Mailing Address:		City:	State: ZIP:
Legal E-Mail Address:		Legal Telephone:	Legal Fax:
Nature of Legal Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet ____% <input type="checkbox"/> Business to Business (No Consumer Sales) ____%			
Business Location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence Ownership: <input type="checkbox"/> Owns <input type="checkbox"/> Rents – Provide Landlord Name, Address and Telephone: _____			
Description of Products or Services Sold and Annual Gross Sales/Revenues for Last Fiscal Year:			
Legal Website Address:		Legal Seasonal Sales (Yes or No and Describe):	
Date Established:		Ownership (Month/Year):	Number of Employees:
Annual Gross Sales/Revenues for Last Fiscal Year: \$		Number of Locations:	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other: _____			

DOING BUSINESS AS (DBA) INFORMATION			
DBA Name:		DBA Tax ID #:	
DBA Address:		City:	State: ZIP:
DBA E-Mail Address:		DBA Telephone:	DBA Fax:
Mailing Address:		City:	State: ZIP:
Nature of DBA Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet ____% <input type="checkbox"/> Business to Business (No Consumer Sales) ____%			
Business Location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence Ownership: <input type="checkbox"/> Owns <input type="checkbox"/> Rents – Provide Landlord Name, Address and Telephone: _____			
Description of Products or Services Sold and Annual Gross Sales/Revenues for Last Fiscal Year:			
DBA Website Address:		DBA Seasonal Sales (Yes or No and Describe):	
Date Established:		Ownership (Month/Year):	Number of Employees:
Annual Gross Sales/Revenues for Last Fiscal Year: \$		Number of Locations:	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other: _____			

PRINCIPAL INFORMATION

Name #1:		Title:	
Home Address:	City:	State:	ZIP:
Driver's License Number (Including State Issued):	Expiration Date:	Tax ID (SSN) #:	
Place and Date of Birth:	Home Telephone:	Ownership Percentage:	
Name #2:		Title:	
Home Address:	City:	State:	ZIP:
Driver's License Number (Including State Issued):	Expiration Date:	Tax ID (SSN) #:	
Place and Date of Birth:	Home Telephone:	Ownership Percentage:	

FINANCIAL INQUIRIES

Has the business declared bankruptcy within the last 10 years? Yes No	If yes, what chapter?	Date of Filing:
Has any principal/owner declared bankruptcy within the last 10 years? Yes No	If yes, name and chapter:	Date of Filing:
Any delinquent taxes owed by business or principal/owner? Yes No	If yes, explain:	
Any pending litigation or unsatisfied judgments for business or principal/owner? Yes No	If yes, explain:	
Does any one customer represent more than 40% of annual sales/revenues? Yes No	If yes, customer name and percentage:	
Is business for sale or under agreement that would change ownership? Yes No	If yes, explain:	
Has business incurred a loss in any of the last 3 years? Yes No	If yes, amount of loss and explanation:	

FINANCIAL INSTITUTION REFERENCES

Financial Institution Name	Routing and Account Numbers*	Date Opened	Telephone Number

*Bank is authorized to initiate or transmit automatic credit and/or debit and/or check entries to the account identified in the **attached voided check** relating to the above account for all services contemplated under this Application. Said authority is granted to the Bank's processor and their agents.

TRADE OR BUSINESS REFERENCES

Name	Account Number	Product/Service Sold	Telephone Number

Commercial Loan Checklist

REQUESTED DOCUMENTATION TO ACCOMPANY COMPLETED APPLICATION

General Information:

- Copies of organizational papers and business filing certificates.
- Signed business federal income tax return for the prior 2 fiscal years and/or CPA prepared financial statements.
- Current business interim financial statement.
- Copy of business insurance certificates.
- Signed current personal financial statement for each principal/owner.
- Signed personal federal income tax returns for each principal/owner (all schedules, K-1's and W-2's for the last year).

Identification Information:

The Bank is required by federal law to obtain, verify and record information that identifies each individual or business opening an account to help the government fight the funding of terrorism and money laundering activities. We will ask you at the time of opening an account, your name, address, date of birth and other information that allows us to properly identify you. We will also ask to see your driver's license and other identifying documents for verification and recording purposes.

COLLATERAL

Collateral Description: _____
(If secured by Real Estate, list physical address and/or legal description.)

If dwelling secured, do you intend to occupy the property for more than 14 days during the coming year? _____ Yes _____ No

[Note to Lender: If dwelling secured, complete HMDA worksheet to determine whether the loan is HMDA reportable. If HMDA reportable, **complete government monitoring form** and attach to application]

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

I/We ("Applicant") consent to **Bridge City Bank** ("Bank") obtaining one or more consumer credit reports on me from time to time in connection with this Remote Deposit Services Application. Bank may also investigate my background, income, credit or credit worthiness, assets or other matters as it deems reasonably necessary or appropriate.

Printed Name:	Printed Name:
Signature:	Signature:
Date:	Date:

BY SIGNING BELOW, I/WE ("APPLICANT") CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THAT I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT. Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the actions of **Bridge City Bank** ("Bank") can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this statement either directly or through any agency employed by the Bank for that purpose. Applicant authorizes the Bank to obtain credit reports, and agrees to provide any additional information that the Bank may require to process this application. Applicant also authorizes the Bank to obtain copies of its tax returns and information from the Internal Revenue Service and other taxing authorities, and agrees to execute whatever forms the Bank requests to obtain such information.

JOINT CREDIT – We intend to apply for joint credit. (Initials) _____

Required Signatures: Sole Proprietorship - Owner (If married, you may apply for a separate account). Partnership - All general partners. Limited Liability Company - All member(s) or manager(s). Corporation - The persons named in the corporate resolution.

_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date
_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date
_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date
_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date

Corporate Certification (Corporate Applicants Only): I certify that I am Secretary of the Applicant and the signatures and title set forth above are the genuine signatures and titles of persons indicated.

_____ Secretary Signature	_____ Printed Name	_____ Date
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DATE COMPLETED APPLICATION RECEIVED: _____ (To be completed by BCSB.)



P. O. Box 887
701 W. Roundbunch
Bridge City State Bank
(409) 735-3516
(866) 999-3516

NOTICE TO BUSINESS CREDIT APPLICANTS

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 our Note Department at the address and phone number listed above 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: FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108