

TRUSTBANK™ COMMERCIAL LOAN APPLICATION

(For data entry, use the tab key to conveniently move to data entry fields.)

Applicant's Name, Address, Phone

Creditor's Name, Address, Phone

Business

Name: _____

TrustBank

Address: _____

600 E. Main, P O Box 158

Phone: _____

Olney IL 62450

618-395-4311

E-mail _____

Address: _____

General Information

Type of Business: _____

Date Established: _____

Legal Relationship: _____ Corporation

_____ S-Corp.

_____ Partnership

_____ Sole Proprietorship

Tax I.D. No.: _____

Fiscal Year End (mm/dd): _____

Principals-100% of ownership must be shown. Use separate sheet if necessary.

Name	Address	Title	% Owned	SSN
Total			%	

Authorization Resolution Dated: _____ On file _____ To be provided

Income tax return filed through year: _____

Name of Accountant or Accounting Firm: _____

Are audited financial statements prepared: _____ Yes

_____ No

Liability insurance coverage: _____ Yes

_____ No

Amount: \$ _____ -

Loan Request

Amount Requested: \$ _____ -

Purpose of Loan: _____

Terms Requested: _____ Principal & Interest

_____ Interest Only

_____ Single Payment

Payment frequency: _____ Annually

_____ Quarterly

_____ Monthly

_____ Semi-Annual

_____ Other

Requested interest rate: _____ Fixed

_____ Variable

Collateral: _____

Appraised value: \$ _____ -

Date of appraisal: _____

Appraised by: _____

Insurance coverage: \$ _____ -

Expires: _____

All loan proceeds will be for purchase of collateral? _____ Yes

_____ No

If no, portion of proceeds to be used for the purchase of collateral: \$ _____ -

Any prior liens on collateral? _____ Yes

_____ No

If yes, name(s) of lienholder(s): _____
