COMMERCIAL LOAN APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

In order for Timberwood Bank to process your commercial loan request, the following information will be needed:

1. Three years completed financial statements on business.
2. Interim financial statement not more than 90 days old.
3. Tax returns for the previous three years, covering the business if you are a partnership or corporation, or your personal returns, if not.
4. Aging of Receivable and Payable as of date of the interim financial statement.
5. Spread of business' existing notes payable (see attached form).
6. List of all existing personal property owned by the business.
7. List of all real estate to be pledged or used as collateral.
8. List of all current insurance policies in effect..
9. Brief history of business.
10. List of all investors with names, addresses, social security numbers, stock percentages, and resumes.

LOAN PROPOSAL INFORMATION:

1. New furniture, fixtures and equipment needed.
2. Working capital needed.
3. Debt reduction or refinancing.
4. Equipment and/or real estate proposal as collateral for the request.
5. Business acquisition.

APPLICATION

1. Name of Borrower: _____

   Name of Business (if different): _____

   Contact Person: _____ Title: _____

   Street Address: _____

   City, State, Zip: _____

   Mailing Address: _____

   Phone No.: _____ Fax No.:_____

   County: _____

   Lender:_____

   Lender Contact: _____Phone No.: _____

2. Loan Request Amount $ _____

   Term of Loan _____ Years

3. Type of Business (check all that apply) Industry

Manufacturing	_____	_____
Retail	_____	_____
Service	_____	_____
Wholesaler/Distributor	_____	_____
Example:		
Retail	____X____	_____Restaurant_____

4. Ownership and Control 51% or Greater (check all that apply). *

Female _____
Minority _____ Specify Minority _____
Veteran _____
Handicapped _____
Disadvantaged _____ (Low income, below Federal poverty guidelines)

*Note: This information is optional. It is requested to determine eligibility for special loan and technical assistance programs.

5. Length of Time in Business

Start-up_____ 1-5 yrs_____ 5+ yrs_____

6. Use of Proceeds

New Construction/Expansion (1)	$_____
Acquisition of Machinery and Equipment (2)	$_____
Land and Building Acquisition (3)	$_____
Additional Working Capital (4)	$_____
Purchase Inventory	$_____
Refinance Existing Debt	$_____
Leasehold Improvements	$_____
Other: Please Specify	$_____
LESS: Owners Contribution (if not cash explain on separate sheet)	$(_____)
TOTAL LOAN REQUEST	$_____

(1) Construction Projects, please provide:
- A breakdown of the estimated costs of the project.
- Preliminary plans and specifications.
- A signed construction contract, if available.

(2) Machinery and Equipment Acquisitions, please provide:
- A detailed list of items to be acquired including cost per item.
- Make, model and serial numbers, if available.

(3) Real Estate Acquisitions, please provide:
- A copy of the Offer to Purchase.
- Appraisal (if available).

(4) Working Capital Requests, please provide:
- A cash flow forecast which demonstrates the need for additional funds (worksheets are available).

7. Tax ID Number: _____
(For existing businesses only)

8. Form of Entity: C-Corp_____ S-Corp_____
Partnership_____ Sole Owner _____
Other _____

9. Number of Employees: At time of application _____
If loan is approved _____

10. Management/Ownership

Name	Title	Annual Compensation	Ownership%
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%

(Must Total 100%) _____%

For each individual listed above, please provide the following:

- Personal Financial Statement, less than 60 days old (refer to Form 1)
- Personal Resume (refer to Form 1)
- Names of any affiliates (companies which any of the above individuals have 20% or more ownership)

11. History of Business

Please submit a business plan, if available, or provide a description of your business which should include the following:

a. Date business was established.
b. Date present owners gained control.
c. Types of products or services offered.
d. Market area and competition.
e. Trends affecting your industry.
f. Any other information you feel would help us better understand your business.

☐ Notice-Joint Credit: We intend to apply for joint credit. (initials)_____

_____ _____
Applicant #1 Signature Date

_____ _____
Applicant #2 Signature Date

PROJECTIONS

Estimated Projection and Forecast of Three Year's Earnings
(Attach Assumptions Providing Explanation for Figures)

	_____	_____	_____
Gross Receipts	$ _____	$ _____	$ _____
Merchandise Cost	$ _____	$ _____	$ _____
Gross Profit	$ _____	$ _____	$ _____
Expense			
Officer(s) Salaries (if any)	$ _____	$ _____	$ _____
Employee(s) Wages	$ _____	$ _____	$ _____
Advertising	$ _____	$ _____	$ _____
Rent	$ _____	$ _____	$ _____
Depreciation	$ _____	$ _____	$ _____
Supplies	$ _____	$ _____	$ _____
Electricity	$ _____	$ _____	$ _____
Telephone	$ _____	$ _____	$ _____
Interest	$ _____	$ _____	$ _____
Repairs	$ _____	$ _____	$ _____
Taxes	$ _____	$ _____	$ _____
Insurance	$ _____	$ _____	$ _____
Bad Debts	$ _____	$ _____	$ _____
Misc. * (postage,etc.)	$ _____	$ _____	$ _____
Total Expenses	$ _____	$ _____	$ _____
Net Profit Before Income Taxes	$ _____	$ _____	$ _____
Less Income Taxes	$ _____	$ _____	$ _____
Net Profit After Taxes	$ _____	$ _____	$ _____
Less Withdrawals (Proprietorship/Partnership)	$ _____	$ _____	$ _____
Net Profit	$ _____	$ _____	$ _____

* If sum is large please itemize.

I certify the foregoing data represents the projected financial outlook to the best of my knowledge.

_____ _____ _____
Signature Title Date

PERSONAL RESUME

Name: _____

Title: _____

Date of Birth: _____ Place of Birth: _____

Residence Telephone: _____ Business Telephone: _____

EDUCATION

Institution or Training	Dates Attended (From – To)	Major	Degree or Certificate

WORK EXPERIENCE

Are you employed by the U.S. Government? __ Yes __ No Agency/Position _____

Are you a U.S. Citizen? __ Yes __ No If no, give alien registration number _____

_____

_____

_____

_____

Other Business Related Interests or Activities:

_____

_____

_____

_____

Military Service Background:

Branch of Service _____ Dates of Service _____

NOTICES

EQUAL OPPORTUNITY NOTICE:
The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the bases of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract);because all or a part of the applicant's income derives form 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 credit is:

Federal Reserve Consumer Help Center
PO Box 1200
Minneapolis MN 55480
Toll-free 888-851-1920
Fax 877-888-2520
TDD 877-766-8533

SIGNATURE NOTICE:
This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purchase of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquires it deems necessary, either directly or through any agency employed by Lender for that purpose, to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

APPRAISAL NOTICE:
If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write to us at the following mailing address: Timberwood Bank, PO Box 880 Tomah, WI 54660

We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's Name, Property Address and Mailing instructions for the copy.

Signature_____ Social Security No. _____

Date: _____

Signature_____ Social Security No. _____

Date: _____