



CUSTOMER INFORMATION

Company Name (legal name under which tax returns are filed)		Street Address, City, State, ZIP (no P.O. Boxes)			
DBA (if applicable)		Address of Use of Proceeds / Physical Location of Equipment			
Federal Tax ID #	Phone	Date Business Established	Under Current Ownership Since		
Contact Name	Contact E-mail Address	Contact Preferred Phone Number	# of Owners	# of Employees	
Business Product or Service	Business Type: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> General Partnership				

If you are applying as a **SOLE PROPRIETOR** or **BUSINESS INDIVIDUAL(S)**, not a Business Entity (such as a Corporation, Partnership, or LLC), please read the important information below and provide your signature as requested:

- Married applicants may apply for separate credit;
- You may apply for the credit in your name alone, or with someone else, regardless of your marital status, and;
- Alimony, child support or separate maintenance income need not be revealed, if the Applicant(s) do not choose to have it considered as a basis for determining creditworthiness.

PLEASE INDICATE HOW YOU INTEND TO APPLY FOR THIS CREDIT BELOW AND PROVIDE APPROPRIATE SIGNATURES. YOU MUST SIGN THIS APPLICATION BOTH IMMEDIATELY BELOW, AND AT THE BOTTOM OF PAGE 2.

<input checked="" type="checkbox"/> I INTEND TO APPLY INDIVIDUALLY.	<input type="checkbox"/> WE INTEND TO APPLY JOINTLY/BE JOINTLY LIABLE/GUARANTEE.	
x _____ Individual Applicant Signature	x _____ Co-Applicant/Guarantor Signature	x _____ Co-Applicant/Guarantor Signature

LOAN INFORMATION

Product Requested	Amount Requested	Term Requested	Loan Purpose
<input type="checkbox"/> Express Line of Credit. \$50,000 - \$150,000. Term: 6 years*	\$	6 years*	
<input type="checkbox"/> Express Term Loan. \$25,000 - \$150,000. Term: 1-5 years	\$		

* 3 years of interest only, revolving, then 3 years of P&I amortizing.

BUSINESS FINANCIAL INFORMATION

Balance Sheet (Last Year End)	Amount	Income Statement (Last Full Year)	Amount	Collateral (Current)	Value	Existing Liens
Total Assets	\$	Annual Sales	\$	A/R	\$	\$
Total Liabilities	\$	Annual Interest Expense	\$	Inventory	\$	\$
Net Worth	\$	Annual Net Income	\$	Equipment	\$	\$

BUSINESS DEPOSIT ACCOUNTS *

Financial Institution	Type of Account (Checking, Savings, Investment, etc.)	Account Number	Average Balance	Move to FNB?
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Auto Debit from a First Northern Bank deposit account is required.

BUSINESS CURRENT DEBT

Creditor	Type of Debt (Loan, LOC, Lease)	Original Balance	Current Balance	Monthly Payment	Principal & Int. or Interest Only	Maturity Date MM/DD/YY
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

BUSINESS QUESTIONNAIRE

If "yes" to any of these questions, explain:

Is the business currently involved in any litigation or other legal claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the business or any principal ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there delinquent taxes owed by the business or any principal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the company liable on any debts not shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the company or any principal contingently liable as guarantor or endorser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the business incurred a loss in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the business for sale or under agreement that would change ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any principal transferred assets into a trust? If yes, provide the Trust names.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL INFORMATION (FOR ALL 20% OR MORE OWNERS)

OWNER 1		% Ownership	Company Title	Social Security Number	Date of Birth
Home Address (no P.O. Boxes)				Home Phone	Driver's License #
Total Monthly Debt / Credit Card Payments \$	Monthly Mortgage / Rent Payment \$	Monthly Salary \$	Other Monthly Income \$	Describe Other Income	
OWNER 2		% Ownership	Company Title	Social Security Number	Date of Birth
Home Address (no P.O. Boxes)				Home Phone	Driver's License #
Total Monthly Debt / Credit Card Payments \$	Monthly Mortgage / Rent Payment \$	Monthly Salary \$	Other Monthly Income \$	Describe Other Income	
OWNER 3		% Ownership	Company Title	Social Security Number	Date of Birth
Home Address (no P.O. Boxes)				Home Phone	Driver's License #
Total Monthly Debt / Credit Card Payments \$	Monthly Mortgage / Rent Payment \$	Monthly Salary \$	Other Monthly Income \$	Describe Other Income	

CREDIT AUTHORIZATION AND VERIFICATION

This application is submitted on behalf of the business loan applicant identified above ("Applicant") pursuant to authority granted by the Applicant to each of the persons who have signed this application immediately below. First Northern Bank ("Bank") is authorized to obtain whatever information concerning Borrower that Bank deems appropriate to the consideration of this application and for later monitoring if credit is extended to Applicant, from whatever sources Bank deems appropriate. Each person who signs this application on behalf of Applicant authorizes Bank to obtain consumer credit reports and seek other information pertaining to the signer whether or not he or she will be a guarantor of or otherwise liable for Applicant's obligation to the Bank. The Bank is also authorized to furnish information to others concerning the business relationship between the Bank and Applicant/Borrower and/or the persons who have signed on Applicants behalf.

The signers below certify on their own behalf and on behalf of Applicant that all of the states above and on any other document provided to Bank in connection with this application are true and complete as of the date given and they agree to notify Bank promptly of any adverse change in Applicant's or their own financial condition.

Authorized Signature	Authorized Signature	Authorized Signature
x	x	x
Full Legal Name	Full Legal Name	Full Legal Name
Title	Title	Title
Date	Date	Date

RETURN COMPLETED APPLICATION TO:

Your Lender	Email Address	Phone Number