

Monte Vista:

Alamosa:

Pagosa Springs:

901 1<sup>st</sup> Ave, Monte Vista, CO 81144 (719) 852-5933 3416 Mariposa Street, Alamosa, CO 81101 (719) 589-2536 80 Co Rd 600, Pagosa Springs, CO 81147 (970) 731-4701

## **Commercial and Agricultural Loan Application**

## APPLICATION CHECKLIST

**Business Entity:** 

- 1. Corporate/Partnership/LLC federal tax returns with all pages and schedules for the last three years.
- 2. Profit & Loss Statement and Balance Sheets for the last 3 years and current year.
- 3. Copy of operating agreement or partnership agreement.

Individual(s):

- 1. Complete federal and state tax returns for the past three years for each individual on the application. Please include all pages including W-2s and K-1's if applicable.
- 2. Current personal financial statement for each individual on the application (within 30 days old)
- 3. A copy of the driver's license for each individual on the application.

All applicable information listed above must be submitted to make this a complete application. Your specific loan request may require additional information.

A. APPLICANT/BUSINESS ENTITY INFORMATION														
NAME OF NATURAL PERSON APPLYING FOR CREDIT						TITLE OF NATURAL PERSON APPLYING FOR CREDIT								
LEGAL ENTITY NAME FOR WHICH CREDIT IS BEING APPLIED					COMPANY NAME (dba name if different)						FEC	DERAL TAX ID or EIN		
BUSINESS STREET ADDRESS (no P.O. Box)					CITY					STATE	ZIP CODE			
BUSINESS MAILING ADDRESS (if different)						CITY					STATE	ZIP	CODE	
BUSINESS TYPE Sole Proprietorship LLC Partnership STA					STAT	TE ORGANIZED DATE BUSI				BUSIN	FSS	cu	RRENT OWNERSHIP	
$\Box$ C-Corporation $\Box$ S-Corporation $\Box$ Other IN						ESTABLISH						SIN		
NATURE OF BUSIN					DF	BUSINESS PHONE V			WEB	SITE				
	EMPLOYEES													
NAME OF INDIVID	UAL RESPONSIBLE F	OR THE	•	TI	ITLE		BEST PHONE				EMAIL			
MANAGEMENT OF THE LEGAL ENTITY:														
B. LOAN REQUEST INFORMATION														
TYPE OF LOAN (list	t up to 3)		LOAN/LIN	NE AM	IOUNT	LOAN PURPOSE								
1.	1. \$													
2.			\$											
3. \$														
C. COLLATERAL OFFERED TO SECURE LOAN (check all applicable)														
🗆 REAL ESTATE	EQUIPMENT		CLES		OPS			VENT	ORY		LIVESTOCK			
DETAILED DESCRIP	TION OF COLLATER	AL	•											
INSURANCE AGENT: (name, address and phone number)														
D. SIGNATURES OF PERSONS AUTHORIZED TO INCUR DEBT ON BEHALF OF THE BUSINESS														
Authorized Signer Signature #1 Date Authorized Signer Signature #2 Date Authorized Signer Signature #3 Date														

## E. IMPORTANT DISCLOSURES

Equal Credit Opportunity 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 (providing the applicant has the capacity to enter into a binding contract), because all or a 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 RG Bank is the Federal Deposit Insurance Corporation.

**Credit Denial Notice**: 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 RG Bank at 901 1<sup>st</sup> Ave., Monte Vista, CO 81140 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.

Applicant Certification/Authorization: Each owner/officer of the business signing below certifies that: (1) the information provided in this Application with respect to the Business (including any attachments) is true, correct, and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this Application on behalf of the Business; and (4) RG Bank is hereby authorized, from time to time at its discretion, to check the credit history of the Business and the personal credit and employment history of each person signing this Application. The undersigned as an individual hereby knowingly consents to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

**Notice of right to receive copy of Appraisal:** We may order an appraisal in connection with your loan. You have the right to a copy of the appraisal report. We will promptly give you a copy of any appraisal ordered, even if your loan does not close. The undersigned acknowledges the receipt of this disclosure.

**Federal Regulation B** requires the institution to obtain evidence of applicant's intention to apply for joint credit or provide a joint guaranty. Please check the box to evidence the intent of each signor. Applicants are required to give Notice of Intent to apply for credit and sign the application.

**Important information about procedures for opening a new account:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The undersigned acknowledges they have read and understand this disclosure.

F. PERSONAL INFORMATION ON ALL BENEFICIAL OWNERS AND GUARANTORS											
Individual information is required for all officers/members/partners with 20% or more ownership of the business.											
#1-NAME: FIRST, MI AND LAST (as it appe	TITLE			% OWNERSHIP							
PHYSICAL ADDRESS	CITY, STATE, ZIP CODE		SOCIAL SEC	URITY		DATE OF BIRTH					
MAILING ADDRESS (if different)	CITY, STATE, ZIP CODE		HOME PHO	NE CELL		PHONE					
I INTEND TO APPLY FOR 🗆 INDIVIDUAL C	RANTEE		H (city, state)								
Applicant or Guarantor Signature #1		MOTHER'S MAIDEN NAME									
#2-NAME: FIRST, MI AND LAST (as it appe	TITLE				% OWNERSHIP						
PHYSICAL ADDRESS	CITY, STATE, ZIP CODE		SOCIAL SEC	JRITY		DATE OF BIRTH					
MAILING ADDRESS (if different)	LING ADDRESS (if different) CITY, STATE, ZIP CODE				CELL	- PHONE					
I INTEND TO APPLY FOR 🗆 INDIVIDUAL CREDIT OR INITIAL IF JOINT CREDIT/GUARANTEE PLACE OF BIRTH (city, state)											
Applicant or Guarantor Signature #2 Date MOTHER'S MAIDEN NAME											
#3-NAME: FIRST, MI AND LAST (as it appe			% OWNERSHIP								
PHYSICAL ADDRESS	CITY, STATE, ZIP CODE		SOCIAL SEC	URITY		DATE OF BIRTH					
MAILING ADDRESS (if different)	CITY, STATE, ZIP CODE		HOME PHO			PHONE					
I INTEND TO APPLY FOR 🗆 INDIVIDUAL CREDIT OR INITIAL IF JOINT CREDIT/GUARANTEE PLACE OF BIRTH (city, state)											
Applicant or Guarantor Signature #3 Date MOTHER'S MAIDEN NAME											
***FOR BANK USE ONLY***											
CUSTOMER IDENTIFICATION VERIFICATION: Type of Document: Driver's License State ID Card Passport Military ID											

□ OFAC CHECKED AND CLEARED ON BUSINESS □ OFAC CHECKED AND CLEARED ON ALL INDIVIDUALS

VERIFICATION CONDUCTED BY: