



Small Business Lending Application
(For Small Business Lines and Loans up to \$250,000)

Thank you for considering Tri Counties Bank for your credit needs. Prior to final approval of your loan request, you will need to establish a Tri Counties Bank deposit account with a minimum balance of \$100. Have questions or need help? A Tri Counties Bank banker is available for you. Call or stop by your local branch, or call Customer Service at 1.800.922.8742.

Loan Request

LOAN TYPE:	<input type="checkbox"/> BUSINESS AUTOMATIC CASH RESERVE	<input type="checkbox"/> BUSINESS LINE OF CREDIT	<input type="checkbox"/> BUSINESS TERM LOAN	<input type="checkbox"/> BUSINESS AUTO LOAN	<input type="checkbox"/> EQUIPMENT LOAN
AMOUNT REQUESTED →	\$	\$	\$	\$	\$
LOAN TYPE:	<input type="checkbox"/> SBA EXPRESS LINE OF CREDIT	<input type="checkbox"/> SBA EXPRESS TERM LOAN	<input type="checkbox"/> SBA EXPRESS AUTO LOAN	<input type="checkbox"/> SBA EXPRESS EQUIPMENT LOAN	
AMOUNT REQUESTED →	\$	\$	\$	\$	
DESCRIBE USE OF LOAN PROCEEDS					
COLLATERAL (ATTACH DESCRIPTION, IF NECESSARY)					
ESTIMATED VALUE OR PURCHASE PRICE OF COLLATERAL			FOR TERM LOAN TYPES, REQUESTED TERM		
\$					
<input type="checkbox"/> INCREASE EXISTING LINE OF CREDIT	EXISTING LINE OF CREDIT ACCOUNT NUMBER		EXISTING LINE OF CREDIT	NEW LIMIT FOR LINE OF CREDIT	
			\$	\$	

Business Applicant Information

COMPLETE LEGAL NAME OF APPLICANT (BUSINESS AND/OR INDIVIDUALS, INCLUDING DBA NAME)				FEDERAL TAX ID NO.	
IF CREDIT IS TO BE IN THE NAME OF A BUSINESS AND/OR INDIVIDUALS, ALL APPLICANTS MUST CONSENT TO APPLY FOR JOINT CREDIT. IF CREDIT IS TO BE IN THE NAME OF THE BUSINESS ONLY, DO NOT COMPLETE THIS SECTION. <input type="checkbox"/> WE ARE APPLYING FOR JOINT CREDIT					
APPLICANT SIGNATURE _____		DATE _____		CO-APPLICANT SIGNATURE _____	
CO-APPLICANT SIGNATURE _____		DATE _____		CO-APPLICANT SIGNATURE _____	
BUSINESS TYPE (CHECK ONE) <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> CORPORATION (S or C) <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER _____				U.S. STATE OF FORMATION	
BUSINESS STREET ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT			CITY	STATE	ZIP
BUSINESS PHONE ()	BUSINESS CONTACT NAME		CONTACT PHONE ()	DATE BUSINESS ESTABLISHED MO. ____ YR. ____	
DESCRIBE TYPE OF BUSINESS (e.g., manufacturing, services, lab, contractor, etc.)			HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNDER CURRENT OWNERSHIP SINCE MO. ____ YR. ____	
ANNUAL SALES/REVENUE \$		ANNUAL NET PROFIT (before Depreciation) \$		TAX YEAR	NUMBER OF EMPLOYEES

Business Debt Schedule

This schedule should include all installment loans, lines of credit, notes and mortgages payable, and capital leases, **NOT** accounts payable or accrued liabilities

Lender Name	Term or Maturity	Interest Rate	Payment Frequency	Payment Amount	Present Balance	Collateral/Security

COMPLETE LEGAL NAME OF APPLICANT (BUSINESS AND/OR INDIVIDUALS, INCLUDING DBA NAME)

Business Applicant Questionnaire (provide details on additional sheets, if applicable)

Does the Applicant Business have an existing Business Line of Credit? (If Yes, please state lender and Credit Limit) If "Yes": Lender: _____ Credit Limit: \$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is Applicant Business currently involved in any pending lawsuits? If "Yes", provide details and potential liability:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the Applicant Business be involved with processing internet gambling payments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the Applicant Business be involved with Payday Lending?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the Applicant Business qualify as a Money Services Business or provide any of these services: check cashing, currency dealing or exchange, money transmission, or the issuance, sale or redemption of travelers' checks or money orders?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the Applicant Business own or operate an ATM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the Applicant Business provide payment processing services for other businesses or third parties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the Applicant Business sell prepaid access cards or stored value cards? If "Yes", please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Business Applicant Certifications and Agreements

By your signature(s) hereto the Business named above ("Borrower") requests that Tri Counties Bank provide Credit to Borrower. By signing below, the undersigned represent(s) that all information contained herein or in any tax returns or financial statements provided to Bank is complete and accurate. The undersigned also authorize(s) Bank to verify information provided and to receive and exchange credit information, including credit reports, about Borrower, any Guarantor, and the undersigned, both now and in the future.

All loan payments made under this Agreement will require automatic monthly deductions from a Tri Counties Bank Business Checking Account. By providing account information and by signing below, you acknowledge that payments will be automatically deducted from your account. Additionally, you acknowledge that any Lines of Credit will automatically be set up for overdraft protection.

Automatic Payments: Monthly payments will be automatically deducted from your Tri Counties Bank checking account.

Primary Business Checking Account Number: _____

Overdraft Protection:
In addition to the Primary Business Checking Account Number stated above, Additional Business Checking Account(s) with the same entity:
 1) _____ 2) _____ 3) _____ 4) _____

Telephone Transfer:
 Speak to your branch banker or call 1-800-922-8742 to be set up to transfer funds to your Tri Counties Bank checking account via 24-hour automated customer service.

Online Access:
 Enables you to transfer funds to your Tri Counties Bank accounts using our BusinessVue online business banking system.

Current BusinessVue subscriber
 New BusinessVue subscriber:

By your signature below, you agree to the terms and conditions set forth in the BusinessVue Users Terms and Conditions which will be provided to you upon account approval and is available for review and printing at TriCountiesBank.com. Further, your signature hereto constitutes your representation and warranty that any financial information you provided to us in connection with your application is true and correct and that such information provided in the future that we may request shall also be true and correct as of the date provided.

I/we do not wish to be provided online access.

Borrower Signatures

Borrower's Authorized Signature	Print Name	Title	% Ownership	Date
Borrower's Authorized Signature	Print Name	Title	% Ownership	Date
Borrower's Authorized Signature	Print Name	Title	% Ownership	Date
Borrower's Authorized Signature	Print Name	Title	% Ownership	Date
Borrower's Authorized Signature	Print Name	Title	% Ownership	Date

Bank Use Only

Banker Name	Banker Employee #	Branch Name & Number	Referred Employee #	Sales Date (Date Application Received/Reg B)
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COMPLETE LEGAL NAME OF APPLICANT (BUSINESS AND/OR INDIVIDUALS, INCLUDING DBA NAME)

Business Owner(s): Tell Us About Who Owns Your Business

ALL OWNERS MUST COMPLETE A SEPARATE SHEET. COPY AND ATTACH ADDITIONAL SHEETS IF NECESSARY.
Notice to Sole Proprietors: You may apply for credit in your name alone, regardless of marital status.

PRINCIPAL OWNER(S) INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	SSN	DATE OF BIRTH	% OWNERSHIP
			/ /	/ /	
FIRST NAME	MIDDLE INITIAL	LAST NAME	SSN	DATE OF BIRTH	% OWNERSHIP
			/ /	/ /	
RESIDENCE STREET ADDRESS			CITY	STATE	ZIP

<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	If Rent/Lease Monthly Payment	CALIF. DRIVER'S LICENSE #	HOME PHONE NUMBER	MOBILE PHONE NUMBER
NUMBER OF YRS. _____	\$ _____			() ()	() ()

Personal Assets	Amount	Personal Liabilities	Amount
Cash in Tri Counties Bank	\$	Revolving Credit Cards	\$
Cash in Other Banks	\$	Taxes Payable	\$
Listed Marketable Securities	\$	Notes Payable to Tri Counties Bank	\$
IRA/401(k)/Retirement Accounts	\$	Other Installment/Notes Payable	\$
Value of ownership interest in privately-held businesses	\$	Other Current Liabilities	\$
Cash Surrender Value Life Insurance	\$	Other Liabilities	\$
Real Estate Owned:		Mortgages or Liens:	
Primary Residence	\$	Primary Residence	\$
Other Real Estate (complete RE Supplement)	\$	Other Real Estate (from RE Supplement)	\$
Automobiles & Other Vehicles	\$	Other Liabilities	\$
Other Personal Assets	\$	Other Liabilities	\$
Total Assets	\$	Total Liabilities	\$

Annual Income	Amount	Annual Expenses	Amount
Employment Income (W-2)	\$	Credit Card Payments	\$
Other Employment Income	\$	Installment Payments	\$
Net Business Income (From Schedules C, F or from other Business Distributions)	\$	Other Business Expense or Investment	\$
Dividends & Interest	\$	Mortgage Payments/Rents	\$
Rental Income	\$	Income Taxes	\$
Other Income (Alimony, Child Support or Separate Maintenance Income need NOT be revealed if you do not wish to have it considered as a basis for repaying this obligation)	\$	Other Payments (including Alimony, Child Support or Separate Maintenance)	\$
Total Income	\$	Total Expenses	\$

Personal Real Estate Information (Complete if more than one property is owned)

Note: Property Types: Single Family Residential-SFR (1-4 residences); Multi-Family Residential-MFR (4+ residences); Commercial-COM; Agricultural-AG

Lender Name	Address of Property	Type	Monthly Payment	Present Market Value	Balance Owed	Monthly Income
1						
2						
3						

Personal Debt Schedule Information (include Student Loans, but do not include any Real Estate debt listed above)

Lender Name	Collateral	Int. Rate	Monthly Payment	Original Balance/Limit	Balance Owed	Term/Maturity
1						
2						
3						

Personal Profile (If you answer "Yes" to any of these questions, please provide details on a separate sheet)

Are any assets held in Trust?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you, any owner, or any officer of the company, presently subject to indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you, any owner, or any officer of the company, been arrested in the past six months for any criminal offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For any criminal offense – other than a minor vehicle violation – have you, any owner, or any officer of the company, ever 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently involved in any pending lawsuits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever gone through a bankruptcy or had a judgment against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you personally liable for any other contingent liability or personally guaranty any other business debt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

By signing this Application, you represent that all of the information contained herein or in any tax return or financial statement provided to Bank, and all other financial information later submitted, is complete and accurate. You also authorize Bank to verify information provided and to receive and exchange credit information, including credit reports, both now and in the future.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____



BENEFICIAL OWNERSHIP CERTIFICATION FORM

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- i. **OWNERSHIP:** Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- ii. **CONTROL:** An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. Certification of Beneficial Owners

Business/Legal Entity Name:	EIN:
Entity Type: <input type="checkbox"/> Corporation (Including Nonprofit) <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> LP (Limited Partnership) or LLP (Limited Liability Partnership)	
Business/Legal Entity Address:	
Account Number(s):	

Persons opening an account on behalf of a Legal Entity must provide the following information:

Natural Person Opening (or Superseding) Account	
Name:	Title (in relation to Entity):
Residential Address:	

Re-Certification: (BANK USE ONLY)
<input type="checkbox"/> By checking this box, you agree that the Beneficial Owner(s) and Control Person have been fully documented within the past 12 months on BSA-001 form dated _____, the customer has verified the Beneficial Owner(s) and Control Person have not changed, and the ID information documented on the referenced BSA-001 is still current and not expired. Skip to the Certification signature box.

Control Person: Provide the following information for one individual with significant responsibility for managing the entity, such as: an executive officer or senior manager (i.e. CEO, CFO, COO, President, Vice-President, Treasurer or Corporate Secretary, General Partner or Manager or Managing Member, or, any other individual who regularly performs similar functions). <i>If appropriate, an individual listed under the Ownership section above may also be listed in this section.</i>					
Name	Date of Birth	Address (Residential or Business Street Address) (City, State and Zip Code)	SSN, ITIN or Passport Number for Non-US Person*	(BANK USE ONLY) ID Type ID Number Place of Issuance	(BANK USE ONLY) Issue & Expiration Dates Day/Month/Year

**In lieu of a passport number, non U.S. Persons may also provide a SSN, and alien identification card number or number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard.*

Ownership - Beneficial Owner: Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the entity. BENEFICIAL OWNER NOT APPLICABLE because (select one): <input type="checkbox"/> No Individual owns 25% or more <input type="checkbox"/> This is a Nonprofit Entity					
Name	Date of Birth	Address (Residential or Business Street Address) (City, State and Zip Code)	SSN, ITIN or Passport Number for Non-US Person*	(BANK USE ONLY) ID Type ID Number Place of Issuance	(BANK USE ONLY) Issue & Expiration Dates Day/Month/Year

Certification: I, _____ (name of natural person opening/superseding account) hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further agree to notify the financial institution of any change in ownership or control information during the period in which the account is open. Signed: _____ Date: _____

(BANK USE ONLY) Notes:	Branch Name:
	Banker Name: