



APPLICATION FOR MACHINE TOOL FINANCING

Company Legal Name:			Fed Tax ID#:			
Street Address:			Phone#:		Cell#:	
City:	State:	Zip:	Contact Name:			
County:			Email:			
Sales Volume YTD:			Sales Volume Prior Year End:			
Business Start Date:		Years with current owners:		Number of Employees:		
Organization Type: <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other						
Description of Business:						
Major Customers:			Desired Term: <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> 72 Months			
Has the company or the guarantors ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are there any outstanding lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Any outstanding obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OWNERS INFORMATION (All owners needed. Please use additional app if necessary)						
Full Legal Name and Title	Home Address		DOB	SSN	Ownership %	Salary
Gov. issued photo ID Type:	Issued By:	ID number:	Issue Date:		Expiration Date:	
Full Legal Name and Title	Home Address		DOB	SSN	Ownership %	Salary
Gov. issued photo ID Type:	Issued By:	ID number:	Issue Date:		Expiration Date:	
BANK REFERENCE						
Primary Bank Name:			Contact:		Phone:	
Account Number:		Average Balance:		Account Type:		
EQUIPMENT						
Equipment Description:					<input type="checkbox"/> NEW <input type="checkbox"/> USED	
Supplier:		Contact:		Phone:	Price:	
CUSTOMER CREDIT RELEASE						

Applicant warrants all credit and financial information submitted to the Bank of Herrin (hereafter referred to as "BOH") and/or its assignees, designees, agents, affiliates or tenders to be true and accurate. Applicant(s) will promptly notify BOH of any subsequent changes which would affect the accuracy of information provided. Applicant(s) are aware that knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of BOH can be a violation of federal law and may result in a fine or imprisonment or both.

BOH is authorized to make all inquiries deemed necessary to verify the accuracy of all information provided in conjunction with this application for credit and to determine the creditworthiness of the applicant(s). BOH is further authorized to answer any questions about and report BOH's credit experience with Applicant(s) to the extent allowable by law. Each individual Applicant signing below authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, mail, internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize BOH and/or it assigns, designees, agents, affiliates or lenders to obtain the original.

We intend to apply for joint credit: _____ (initial) _____ (initial)
If your gross annual revenues in the previous fiscal year exceeded \$1,000,000.00 and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact: Bank of Herrin, P.O. Box B Herrin, IL 62948 (618) 942-6666 within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

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 this creditor is FDIC Consumer Response Center, 1100 Walnut St. Box 11, Kansas City, MO 64106.

By: _____ By: _____
1. Signature/Title/Date 2. Signature/Title/Date