

Business Application Kit



This application kit will help guide you to provide the necessary information we need to begin processing your loan application. We appreciate the opportunity to assist you and look forward to working with you.



When it matters.

OUR VISION

Together, we aspire to help each individual, each family and each business achieve their dreams.



Loan Application Checklist

This checklist has been provided to assist you through the process of gathering the necessary information to expedite your loan request. Complete information will be necessary to process your loan application.

Forms to be completed:

- 1. **Applicants Information Sheet.**
- 2. **Management Resume(s).** Complete for all individuals defined in #3 below. Copy form as needed.
- 3. **Personal Financial Statement(s).** Complete for all major stockholders. A major stockholder is defined as anyone owning 20% or more of the corporation's stock. If company is a general partnership, all general partners must complete. All statements are to be dated the same date, not over 45 days old. Copy form as needed.
- 4. **Business History/Plan.** Complete forms. Please include any brochures, advertising materials or printed history of business, if available.
- 5. **Business Debt Schedule.** This schedule must be dated the same as the Interim Balance Sheet requested in #11 below and reflect all outstanding liabilities as shown in the Interim Balance Sheet.
- 6. **Projected Operating Statement and Assumptions to the Projections.**
- 7. **Aging of Accounts Receivables and Payables.** Complete if Applicable.
- 8. **Credit Check Authorization.** Please have each individual sign and date this authorization.

In addition, please provide the following:

- 9. **Business Financial Statements and Tax Returns.** Income statements, balance sheets, accounts payable and receivable (if applicable), and tax returns for the prior three fiscal year-ends. After photocopying financial statements and tax returns, re-sign in ink and affix current date.
- 10. **Affiliate Information.** Income statement, balance sheet, accounts payable and receivable (if applicable), and tax return of the most current fiscal year-end. After photocopying financial statements, re-sign in ink and affix current date. A person is an affiliate of concern if the person owns or controls or has the power to control 50 percent or more of the concern's voting stock.
- 11. **Interim Business Financial Statement.** Income statement, and balance sheets not more than 60 days old.
- 12. **Personal Tax Returns.** Complete federal tax returns and all attached schedules for the past three (3) years on each individual defined in #3 above. After photocopying tax returns, re-sign in ink and affix current date.
- 13. **Articles of Incorporation, Corporate Charter, Corporate Officer List, Fictitious Name Statement, Business License, Partnership Agreement, Articles of Organization or Trust (whichever is applicable).**
- 14. **Verification of Liquid Assets entered on Personal Financial Statement and Interim Financial Statements. (Copy Bank or Brokerage Statements)**
- 15. **Other** _____

Applicant's Information Sheet

Company Name/DBA _____

Type of Business _____

Business Address _____

City _____ State _____ Zip _____ Daytime Phone _____ Fax _____

Use of Proceeds Address (if different than business address) _____

City _____ State _____ Zip _____

Proprietorship Partnership Corporation LLC Trust

Business Tax I.D.# _____

Owner/Principles

<u>Names</u>	<u>% Ownership/Title</u>	<u>Social Security Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever applied with Kirkwood Bank & Trust before? If so, please provide details.

Vesting if Real Estate Purchase _____

Title Company/Attorney _____

Current Bank Name/Address _____

Account Officer _____

Use of Proposed Loan _____

How will this loan benefit your business? _____

How many employees do you have? _____

How many employees will you hire? _____



Applicant's Information Sheet

(continued)

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

Project Items	Project Cost
Land and Building Acquisition	\$
Land Acquisition.....	\$
Building Construction/Improvement	\$
Debt Refinance (copy of notes required)	\$
Business Acquisition (list of assets required)	\$
Machinery/Equipment Acquisition	\$
Inventory	\$
Furniture.....	\$
Fixtures	\$
Working Capital (include loan fees)	\$
Other	\$
Total Project Cost	\$
Less Borrowers Injection	\$
Total Loan Requested	\$

Source of Injection: _____

Please provide the name of the person who referred you to Kirkwood Bank & Trust. _____

List other Products/Services you are currently utilizing at your current bank. _____

Management Resume

Please fill in all the spaces. Use full first, middle and last names, no initials. If an item is not applicable, please indicate so. You may include additional information on a separate exhibit; sign and date where indicated.

Name _____ Social Security Number _____
First Middle Last

Date of Birth _____ Place of Birth _____

Residence Phone _____

Residence Address _____

Previous Address _____

Lived there from _____ to _____

Are you employed by the U.S. Government? _____ Agency/Position _____

Are you a U.S. Citizen?

Yes No If no, please attach a copy of your alien registration card.

Have you ever been arrested, charged with, or convicted of any criminal offense other than a misdemeanor involving a motor vehicle?

Yes No If yes, please furnish details in a separate exhibit.

College or Technical Training

Name and Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Management Resume

(continued)

Work Experience (start with most recent)

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

Company Name/Location _____

From _____ To _____ Title _____

Duties _____

To: KIRKWOOD BANK & TRUST

If I have any questions regarding the completion of this form, I should contact my representative at the bank.

I may apply for a credit extension, loan or other financial accommodation alone or together with someone else, ("co-applicant"). If I apply with a co-applicant and our combined assets and debts can meaningfully and fairly be presented together, the co-applicant and I may complete this required statement and any supporting schedules jointly. Otherwise, separate forms and schedules are required.

APPLICANT

Name _____ Social Security number _____

Address _____

Telephone number _____ Date of Birth _____

Present employer _____ Position _____

Address _____

Business phone _____ Loan purpose _____

CO-APPLICANT

Name _____ Social Security number _____

Address _____

Telephone number _____ Date of birth _____

Present employer _____ Position _____

Address _____

Business phone _____ Loan purpose _____

- Round all amounts to the nearest \$100
- Attach separate sheet if you need more space to complete detail schedule

Date of evaluation _____

Assets (assets you own)	Amount	Liabilities (debts you owe)	Amount
Cash in this bank: Checking		Loans payable to banks (schedule 7)	
Savings		Loans payable to others (schedule 7)	
C.D.s		Installment contracts payable (schedule 7)	
IRA		Amounts due to dept. stores and others	
Cash in other banks		Credit cards (MasterCard, Visa & Others)	
Due from friends, relatives and others (schedule 1)		Income taxes payable	
Mortgage and contracts for deed owned (schedule 2)		Other taxes payable	
Securities owned (schedule 3)			
Cash surrender value of life insurance (schedule 4)		Loans on life insurance (schedule 4)	
Homestead (schedule 5)			
Other real estate owned (schedule 5)		Mortgage on homestead (schedule 6)	
Automobiles (year, make, model)		Mortgage or liens on other real estate owned (schedule 6)	
		Contracts for deed (schedule 6)	
Personal property			
		Other liabilities (detail)	
Other assets (detail)			
		TOTAL LIABILITIES	
		Net worth (total assets less total liabilities)	
TOTAL		TOTAL	

Annual income	Applicant	Co-applicant	Contingent liabilities	Amount
Salary			As endorser	
Commissions			As guarantor	
Dividends			Lawsuits	
Interest			For taxes	
Rentals			Other (detail)	
Alimony, child support or maintenance (you need not show this unless you wish us to consider it).				
Other				
			<input type="checkbox"/> Check here if "none"	
Total Income			TOTAL CONTINGENT LIABILITIES	

SCHEDULE 1 DUE FROM FRIENDS, RELATIVES AND OTHERS

Name of debtor	Owed to	Collateral	How payable	Maturity date	Unpaid balance
			\$ per		
			\$ per		
			\$ per		
TOTAL					

SCHEDULE 2 MORTGAGE AND CONTRACTS FOR DEED OWNED

Name of debtor	Type of property	1st or 2nd lien	Owed to	How payable	Unpaid balance
				\$ per	
				\$ per	
				\$ per	
				\$ per	
TOTAL					

APPLICANT

CO-APPLICANT

Have I ever gone through bankruptcy or had a judgment against me?

Yes No

Yes No

Are any assets pledged or debts secured except as shown?

Yes No

Yes No

Have I made a will?

Yes No

Yes No

Number of dependents
(if none, check "none")

_____ None

_____ None

Marital status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.)

Married

Married

Separated

Separated

Unmarried

Unmarried

(Unmarried includes single, divorced, widowed)

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date

My signature

Date

Co-applicant signature (if you are requesting the financial accommodation jointly)

Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

Date Business Started: _____

What kind of business is it? (*construction, manufacturing, retailing, services, etc.*) _____

Products Or Services/Description Of Business Activity:

If a manufacturer, describe products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered. _____

Sales/Marketing Activity:

Who will or do you sell to? (*retailers, wholesalers, the public*) _____

List your key customers. _____

How are your sales made? _____

Who are your suppliers and what are their credit sales terms? _____

How do you determine the price of your products or services? _____

How will or do you advertise? What promotional activities will you or do you conduct to generate sales? _____



Business History

(continued)

Competition: Briefly list and describe your major competitors. _____

What advantage will or does your business have over your competitor's operation? _____

Location: If a retail business, describe the area and the customer base. _____

Describe your business location(s) advantages and disadvantages. _____

Facilities: Describe the type and condition of the building, if applicable. _____

What improvements are needed, if any? _____

Business Debt Schedule

Loan Applicant _____

Creditor Name & Address	Original Amount	Original Date	Present Balance*	Interest Rate	Maturity Date	Collateral Security	Monthly Payment

This is certified correct to the best of my knowledge this _____ day of _____, 20____.

Signature _____

*Present Balance Total must agree with total shown on interim balance sheet.

Projected Operating Statement

Beginning Month / Year

Name of Business

	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Total
Gross Sales or Receipts													
Less: Cost of Goods Sold													
Gross Profit													
Less Expenses													
Accounting & Legal													
Advertising													
Bad Debts													
Depreciation													
Insurance													
Interest													
Rent													
Repairs & Maintenance													
Salaries & Wages (<i>to others</i>)													
Supplies													
Taxes & Licenses													
Other Expenses													
Total Expenses													
Net Profit													
<i>(Before Income Taxes and Debt Service)</i>													
Projected Owner's Withdrawal													
Debt Service													
Net Profit Before Taxes													

This is certified correct to the best of my knowledge this _____ day of _____, 20_____.

Signature _____

Aging Of Accounts Receivables And Payables

You may substitute a computer generated report on Accounts Receivable and Payable Aging rather than complete this form. Please note, date of agings must match current or most recent business balance sheet.

Account Receivables

Account Payables

Under 30 days	_____	_____
31-60 days	_____	_____
61-90 days	_____	_____
91-180 days	_____	_____
Over 180 days	_____	_____

Total _____

As of Date _____

Terms Offered on Account _____

Terms Received on Account _____

Signed _____ Date _____



Credit Check Authorization

I/We the undersigned, hereby authorized Kirkwood Bank & Trust to make any credit inquiries that the bank may deem necessary, in connection with our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that the Bank may deem necessary in the future, in connection with the servicing of our loan. This form may be duplicated in the event a facsimile signature is required by any third party provider.

BORROWER

Company Name	Signature	Title	Date of Birth
Company Tax ID Number	Signature	Title	Date of Birth
Company Address	Signature	Title	Date of Birth
City, State, Zip			

GUARANTORS

Printed Name	Signature	Date of Birth
Physical Address	City, State, Zip	Social Security Number
Printed Name	Signature	Date of Birth
Physical Address	City, State, Zip	Social Security Number
Printed Name	Signature	Date of Birth
Physical Address	City, State, Zip	Social Security Number

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.

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 will also ask for copies of your driver's license or other identifying documents.

NOTES: _____

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 Kirkwood Bank & Trust at an address or phone number found on the back of this packet within 60 days from the date you are notified of our decision. We will send you a written statement of reason for the denial within 30 days of receiving your request for the statement.

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 (provided the applicant has the capacity to enter into a binding contract); because all or 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 Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut St., Box #11, Kansas City, MO 64106.*



Kirkwood

BANK & TRUST

When it matters.

Bismarck

North Bank
2911 N 14th Street
Bismarck, ND 58503
t: 701.258.6550
tf: 800.492.4955
f: 701.258.7436

South Bank
905 Tacoma Avenue
Bismarck, ND 58504
t: 701.355.5354
tf: 800.492.4955
f: 701.355.5380

Downtown Bank
122 East Main Avenue
Bismarck, ND 58501
t: 701.355.2111
tf: 800.492.4955
f: 701.258.3151

Dickinson

221 First Avenue West
Dickinson, ND 58601
t: 701.483.1962
tf: 866.918.8074
f: 701.483.8225

