



Lakeside State Bank

Commercial Loan Application

LAKESIDE STATE BANK
 PO Box 190
 Oologah, Oklahoma 74053
 or
 PO Box 9
 Chelsea, Oklahoma 74016
 www.lakesidebankok.com

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one of more forms of identification to fulfill this requirement. In some instances we may use outside courses to confirm the information. The information you provide is protected by our privacy policy and federal law.

Date	Amount Requested	Term (# of Months)	Payment Amount
	\$		

1. TYPE OF CREDIT REQUESTED.

Joint Credit Requested: We intend to apply for joint credit. (initials) _____

PURPOSE <input type="checkbox"/> RECEIVABLE GROWTH <input type="checkbox"/> INVENTORY PURCHASES <input type="checkbox"/> REAL ESTATE ACQUISITION/REFI <input type="checkbox"/> REAL ESTATE CONSTRUCTION <input type="checkbox"/> VEHICLE PURCHASE <input type="checkbox"/> EQUIPMENT PURCHASE		COLLATERAL <input type="checkbox"/> MACHINERY AND/OR EQUIPMENT <input type="checkbox"/> VEHICLES, TRUCKS, OR TRAILERS <input type="checkbox"/> REAL ESTATE / COMMERCIAL PROP <input type="checkbox"/> REAL ESTATE / RESIDENCE <input type="checkbox"/> MARKETABLE SECURITIES / CD / SAVINGS <input type="checkbox"/> OTHER LIST: _____	
<input type="checkbox"/> RENEWAL <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER		<input type="checkbox"/> INVENTORY	

For refinance/consolidation, renewal, extension or modification only See Addendum for additional credits

Loan Number	Balance	Lender Name and Address
1.	\$	1.
2.	\$	2.
3.	\$	3.

2. APPLICANT. Applicant General Information.

Legal Business Name: _____

BUSINESS STRUCTURE (PLEASE CHECK ONE)

<input type="checkbox"/> S-Corporation	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Not For Profit
			<input type="checkbox"/> Individual

Business Address	Principal Executive Office Address
Phone No:	Phone No:
Fax No:	Fax No:

Tax Identification Number	Nature of Business	NAICS Code
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VI. OWNERS – List All

OWNER / GUARANTOR NO. 1		OWNER / GUARANTOR NO. 2	
NAME		NAME	
TITLE / POSITION		TITLE / POSITION	
PCT. OF OWNERSHIP		PCT. OF OWNERSHIP	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	
OWNER / GUARANTOR NO. 3		OWNER / GUARANTOR NO. 4	
NAME		NAME	
TITLE / POSITION		TITLE / POSITION	
PCT. OF OWNERSHIP		PCT. OF OWNERSHIP	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	

Accountant Name, Address, and Phone Number	Insurance Agent, Address, and Phone Number
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Financial Statements. (Check all that apply and attach statements to this application.)

Fiscal Year _____ Calendar Year _____

Financial Statements covering _____ to _____

Accounts Receivable Schedule covering _____ to _____

Inventory Schedule covering _____ to _____

Income Tax/Informational Returns for tax years _____

Other (Specify) _____

Other Statements. (Check all that apply and attach statements to this application.)

Business Plan dated _____

Project Plans & Specifications Project Budget dated _____

Franchise Agreement, FTC Franchiser Disclosure Statement

List of outstanding judgments or threatened lawsuits, arbitration, or other proceeding against loan applicant.

Other (Articles of Incorporation, Resolutions, Operating Agreement, Minutes giving banking authority, etc.) _____

3. LOAN REQUEST AND SOURCES OF REPAYMENT.

Amount Requested \$ _____

Commercial Purpose Credit
 Agricultural Purpose Credit

Use of Proceeds (Brief Description of Intended Use): _____

Loan Advances (Choose One)
 Single Advance/Closed End
 Revolving Draw Line of Credit
 Draw Loan
 Construction/Permanent Loan
 Revolving Draw Construction Line of Credit
 Draw Construction Loan

Loan Payment (Choose One)
 Principal and Interest
 Principal, plus Interest
 Interest Only
 Single Payment
 Other (describe) _____

Requested Payment Amount \$ _____ with Balloon \$ _____

Requested First Payment Date _____ Requested Loan Term _____

Payment Frequency (if Installment) Monthly Quarterly Semi-Annually Other (describe) _____

Requested Interest Rate Fixed Variable Index (If Variable) _____

List of primary and secondary sources of repayment for this Credit:

4. LOAN SECURITY. The requested loan will be secured. (Complete this section if checked)

All loan proceeds will be for purchase of collateral. Description of purchase money collateral: _____

\$ _____ of the proceeds will be for purchase of collateral. Appraised value of purchase money collateral \$ _____

Brief description of non-purchase money collateral: _____

Appraised value \$ _____

Liens on collateral (List any collateral with liens on it, the amount of underlying debt, the names and addresses of collateral's lienholders)

Description of current property insurance on non-purchase money collateral
 Type: _____ Deductible: _____
 Coverage: _____ Term: _____

Non-Applicant owners of collateral. Attach a separate list with name(s), address(es), and phone number(s) of any other owner(s) of the collateral.

5. LOAN GUARANTY. The requested loan will be guaranteed. (Complete this section if checked)

Legal name _____

Address _____

Phone No: _____

Guarantor or affiliate were declared bankrupt within the last 10 years.
 There are outstanding judgments against Guarantor. (Attach Summary)
 On a separate sheet, list each threatened or pending lawsuit, arbitration, or other proceeding and its amount claimed.

Guarantor Financial Statements. If checked, Guarantor is an entity and will provide financial statements upon request by Lender.

Security. Brief description of collateral to secure this guaranty _____

Appraised value of guaranty collateral \$ _____

Liens on collateral (List any collateral with liens on it, the amount of underlying debt, and the names and addresses of collateral's lienholders): _____

Description of current property insurance on existing collateral
 Type: _____ Deductible: _____
 Coverage: _____ Term: _____

Non-Guarantor owners of collateral. If checked, attach a separate list with the name(s), address(es), and phone number(s) of any other owner(s) of the collateral.

Equal Credit Opportunity Notice

CREDIT DENIAL NOTICE. If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and 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 (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):

Ruth Harrell, Compliance Officer
Lakeside State Bank
P.O. Box 9, Chelsea, OK 74016
 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended to you.

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 this creditor is:

Notices, Consent and Signatures

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

SIGNATURES. By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

Applicant Name

By X _____
 for Applicant Date Title

By X _____
 for Applicant Date Title

For Creditor's Use Only

Date Application Received	Received By	Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Decision By	Date of Notification	Notification Given <input type="checkbox"/> Email or Text <input type="checkbox"/> Face-To-Face <input type="checkbox"/> Mail or Fax <input type="checkbox"/> Telephone
HMDA Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	Census Tract	Account No. or HMDA ULI		<i>Instruction: If this application for credit is HMDA reportable and one or more applicants are a natural person, have the separate HMDA Demographic Information form completed. Even if HMDA-reportable, do not complete the HMDA Demographic Information form for any guarantor.</i>	
The HMDA Demographic information was provided through:					
<input type="checkbox"/> Mail or Fax <input type="checkbox"/> Email or Internet <input type="checkbox"/> Telephone Interview <input type="checkbox"/> Face-To-Face Interview (includes Electronic Media with Video Component)					