



BUSINESS LOAN APPLICATION

Date: _____ / _____ / _____

IMPORTANT: Read these direction before completing this application. Please check appropriate box. If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections related to Applicant. If you are applying a joint account or an account that you and another person will use, complete all sections.

We intend to apply for joint credit

Applicant (Initial)

Co-Applicant (Initial)

 If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

SECTION 1 CREDIT REQUEST

Amount Requested \$ _____ Purpose: _____
Loan Type R/E Purchase Business Purchase Business LOC Refinance Construction Renewal

SECTION 2 APPLICANT INFORMATION

OPTIONAL Mr. Mrs. Ms. Miss FIRST NAME MIDDLE NAME LAST NAME BIRTH DATE SOCIAL SECURITY NUMBER
ADDRESS - NO. STREET CITY STATE ZIP CODE TIME AT THIS ADDRESS TELEPHONE NUMBER
Yrs. Mos.
 OWN MARRIED SEPARATED ARE YOU A US CITIZEN? YES NO
 RENT UNMARRIED IF NO, WHAT IS YOUR RESIDENTIAL STATUS?
PREVIOUS ADDRESS - NO. STREET CITY STATE ZIP CODE TIME AT THIS ADDRESS
Yrs. Mos.

SECTION 3 CO-APPLICANT INFORMATION

OPTIONAL Mr. Mrs. Ms. Miss FIRST NAME MIDDLE NAME LAST NAME BIRTH DATE SOCIAL SECURITY NUMBER
ADDRESS - NO. STREET CITY STATE ZIP CODE TIME AT THIS ADDRESS TELEPHONE NUMBER
Yrs. Mos.
 OWN MARRIED SEPARATED ARE YOU A US CITIZEN? YES NO
 RENT UNMARRIED IF NO, WHAT IS YOUR RESIDENTIAL STATUS?
PREVIOUS ADDRESS - NO. STREET CITY STATE ZIP CODE TIME AT THIS ADDRESS
Yrs. Mos.

SECTION 4 BUSINESS INFORMATION

CORPORATION, LLC or PARTNERSHIP NAME TRADE NAME or DBA (doing business as) NAME
BUSINESS ADDRESS - NO. STREET CITY STATE ZIP CODE TELEPHONE NUMBER
BUSINESS PURCHASE DATE BUSINESS PURCHASE VALUE CURRENT MARKET VALUE
TAX ID NUMBER DATE OF ORGANIZATION STATE AND COUNTRY WHERE ORGANIZED
TYPE OF ORGANIZATION Corporation Partnership Sole Proprietorship Limited Liability Company

PRINCIPAL OWNERS (if Proprietorship), PARTNERS (if Partnership), OFFICERS (if Corporation), MEMBERS (if LLC), as applicable

NAME TITLE % OF OWNERSHIP
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NAME TITLE % OF OWNERSHIP
NAME TITLE % OF OWNERSHIPARE FEDERAL, STATE AND LOCAL TAXES PAST DUE? YES NO IF YES, PLEASE DESCRIBEARE THERE ANY JUDGEMENTS OR LIENS AGAINST YOUR BUSINESS? YES NO IF YES, PLEASE DESCRIBECHECKING BANK - NAME AND ADDRESS ACCOUNT BALANCE ACCOUNT NUMBERS
SAVINGS BANK - NAME AND ADDRESS ACCOUNT BALANCE
BUSINESS LOAN BANK - NAME AND ADDRESS ACCOUNT BALANCE
BUSINESS LINE BANK - NAME AND ADDRESS ACCOUNT BALANCE I hereby affirm that the information contained in this financial statement is presented for the purpose of obtaining credit and is true, complete and accurate as of the date indicated. I understand that Pacific International Bank is relying upon this statement of my financial condition in deciding to grant or deny my credit request. I am aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions employment history either directly or by using an agency employed by them for that purpose. Pacific International Bank may disclose to any other interested parties their experience with my account, if it is established. I agree to immediately inform Pacific International Bank of any matter that might cause a significant change in my financial condition. I understand that Pacific International Bank will retain this financial statement whether or not credit is granted to me.

ORAL AGREEMENTS OR ORAL COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FOREBEAR FROM ENFORCING REPAYMENT OF DEBT ARE NOR ENFORCEABLE UNDER WASHINGTON STATE LAW.

REV. 903

X _____
Your Signature

Date

X _____
Spouse / Co-Applicant Signature

Date