

**General Information**

Business Name (exact legal name):		DBA (if applicable):	
Individual Applicant Name (if not an entity):	Active Military?	Individual Co-Applicants Name	Active Military?
Street Address of Principal Registered Office:			
City:	State:	Zip Code:	County:
Current Mailing Address (if different than Principal Registered Office):			
City:	State:	Zip Code:	County:
Primary Business Contact:	Phone Number: ( ) -	Fax Number: ( ) -	Email Address: @
Secondary Business Contact:	Phone Number: ( ) -	Fax Number: ( ) -	Email Address: @
Specify Business Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> LLP	<input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter-S <input type="checkbox"/> C-Corporation <input type="checkbox"/> LLC
			<input type="checkbox"/> Other <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Professional Association <input type="checkbox"/> Other: _____
Taxpayer ID #:	Business Establishment Date:	Years under Current Ownership:	
-	/ /		

Please provide a brief description of the business activity you engage in:

**Ownership** Owners/Guarantors: Please complete for all current owners and Guarantors. Owner/Guarantor Information Addendum must also be completed.

Name: (Please list all current owners)	Title: (if applicable)	Ownership Percentage:	Number of years in this line of business:
		%	
		%	
		%	
		%	
		%	

**Credit References (if not a current client of Coulee Bank)**

Financial Institution:	Contact Name	Phone Number	Type of Loan Account: (Revolving, Term, etc.)	Is the Loan Presently Current in all Payments?	Has the Loan Been Historically Past Due?
		( ) -		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		( ) -		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		( ) -		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Loan Application (cont)

## Loan Request #1

Requested Loan Amount: \$ _____	Loan Type Requested: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Commercial Term <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> SBA			
Purpose of the Loan: <i>(Please Check Only One)</i>	<input type="checkbox"/> Working Capital	<input type="checkbox"/> Purchase Equipment	<input type="checkbox"/> Purchase Real Estate	
	<input type="checkbox"/> Fund Operating Expenses	<input type="checkbox"/> Refinance Debt	<input type="checkbox"/> Construction	
	<input type="checkbox"/> Support Letter of Credit	<input type="checkbox"/> Term Out Operating LOC	<input type="checkbox"/> Refinance Real Estate Debt	
	<input type="checkbox"/> Agricultural Working Capital	<input type="checkbox"/> Refinance Agricultural Debt	<input type="checkbox"/> Purchase Agricultural Real Estate <input type="checkbox"/> Other: _____	
Available Collateral: <i>(May Check More than One)</i>	<input type="checkbox"/> All Business Assets	<input type="checkbox"/> Equipment	<input type="checkbox"/> Building	<input type="checkbox"/> Publicly-Traded Stock
	<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Crops	<input type="checkbox"/> Raw Land	<input type="checkbox"/> Oil & Gas Reserves
	<input type="checkbox"/> Inventory	<input type="checkbox"/> Livestock	<input type="checkbox"/> Leaseholds	
	<input type="checkbox"/> Cash / C.D.	<input type="checkbox"/> Titled Vehicles	<input type="checkbox"/> Fixtures	<input type="checkbox"/> Other: _____

## Loan Request #2

Requested Loan Amount: \$ _____	Loan Type Requested: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Commercial Term <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> SBA			
Purpose of the Loan: <i>(Please Check Only One)</i>	<input type="checkbox"/> Working Capital	<input type="checkbox"/> Purchase Equipment	<input type="checkbox"/> Purchase Real Estate	
	<input type="checkbox"/> Fund Operating Expenses	<input type="checkbox"/> Refinance Debt	<input type="checkbox"/> Construction	
	<input type="checkbox"/> Support Letter of Credit	<input type="checkbox"/> Term Out Operating LOC	<input type="checkbox"/> Refinance Real Estate Debt	
	<input type="checkbox"/> Agricultural Working Capital	<input type="checkbox"/> Refinance Agricultural Debt	<input type="checkbox"/> Purchase Agricultural Real Estate <input type="checkbox"/> Other: _____	
Available Collateral: <i>(May Check More than One)</i>	<input type="checkbox"/> All Business Assets	<input type="checkbox"/> Equipment	<input type="checkbox"/> Building	<input type="checkbox"/> Publicly-Traded Stock
	<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Crops	<input type="checkbox"/> Raw Land	<input type="checkbox"/> Oil & Gas Reserves
	<input type="checkbox"/> Inventory	<input type="checkbox"/> Livestock	<input type="checkbox"/> Leaseholds	
	<input type="checkbox"/> Cash / C.D.	<input type="checkbox"/> Titled Vehicles	<input type="checkbox"/> Fixtures	<input type="checkbox"/> Other: _____

## Loan Request #3

Requested Loan Amount: \$ _____	Loan Type Requested: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Commercial Term <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> SBA			
Purpose of the Loan: <i>(Please Check Only One)</i>	<input type="checkbox"/> Working Capital	<input type="checkbox"/> Purchase Equipment	<input type="checkbox"/> Purchase Real Estate	
	<input type="checkbox"/> Fund Operating Expenses	<input type="checkbox"/> Refinance Debt	<input type="checkbox"/> Construction	
	<input type="checkbox"/> Support Letter of Credit	<input type="checkbox"/> Term Out Operating LOC	<input type="checkbox"/> Refinance Real Estate Debt	
	<input type="checkbox"/> Agricultural Working Capital	<input type="checkbox"/> Refinance Agricultural Debt	<input type="checkbox"/> Purchase Agricultural Real Estate <input type="checkbox"/> Other: _____	
Available Collateral: <i>(May Check More than One)</i>	<input type="checkbox"/> All Business Assets	<input type="checkbox"/> Equipment	<input type="checkbox"/> Building	<input type="checkbox"/> Publicly-Traded Stock
	<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Crops	<input type="checkbox"/> Raw Land	<input type="checkbox"/> Oil & Gas Reserves
	<input type="checkbox"/> Inventory	<input type="checkbox"/> Livestock	<input type="checkbox"/> Leaseholds	
	<input type="checkbox"/> Cash / C.D.	<input type="checkbox"/> Titled Vehicles	<input type="checkbox"/> Fixtures	<input type="checkbox"/> Other: _____

**Please answer the following questions:**

Has the business or any owner ever declared bankruptcy?       Yes    No   If Yes, Please Describe: \_\_\_\_\_

Is the business or any owner currently party to any claim or lawsuit?       Yes    No   If Yes, Please Describe: \_\_\_\_\_

Are there any tax liens filed against the business or any owner?       Yes    No   If Yes, Please Describe: \_\_\_\_\_

**Please provide any other information you feel is pertinent to the loan transaction:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Procedures For Opening A New Account***

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.

**What this means for you:**

When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

***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 our Compliance Officer at

**Coulee Bank:**

**1516 Losey Blvd S.**

**La Crosse, WI 54601**

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.

***Equal Credit Opportunity Act 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 that 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 the Department of Housing and Urban Development is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

**NOTICE-JOINT CREDIT**

We intend to apply for joint credit. (initials) \_\_\_\_\_

***Signatures***

I/We represent that this application is complete and accurate. I/We authorize Lender to obtain a credit report and any other information it deems necessary about my / our credit worthiness. I/We agree to notify Lender immediately, in writing, of any adverse change in my/our financial condition. I/We understand that Lender will retain this Application whether or not it is approved.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**Owner/Guarantor Information Addendum**

Name (exact legal name):	Address, City, State, Zip	Title: (if applicable)	Ownership %
Phone:	Prev Address (if less than 2 years):	Social Security #:	Date of Birth:
Driver's License#:	Email Address:	# yrs in this line of business	Active Military? Yes No

Name (exact legal name):	Address, City, State, Zip	Title: (if applicable)	Ownership %
Phone:	Prev Address (if less than 2 years):	Social Security #:	Date of Birth:
Driver's License#:	Email Address:	# yrs in this line of business	Active Military? Yes No

Name (exact legal name):	Address, City, State, Zip	Title: (if applicable)	Ownership %
Phone:	Prev Address (if less than 2 years):	Social Security #:	Date of Birth:
Driver's License#:	Email Address:	# yrs in this line of business	Active Military? Yes No