

Date Received:

BUSINESS CREDIT APPLICATION

IMPORTANT NOTICE: Under Arizona law, property (including salary and wages) acquired by either spouse during marriage is the community property of both. Property acquired before marriage by gift or inheritance and its resulting income is the sole and separate property of the spouse who acquired it, but it may thereafter become community property (in whole or in part) under certain circumstances. Please consult your legal and financial advisers if you are uncertain about the status of any property.

Type of Obligation:

- Community Obligation:** This financial statement is submitted as a community financial statement in support of an obligation that will bind the undersigned's marital community obligation. I understand that Horizon Community Bank may require my spouse to join the obligation and sign any documents it reasonably believes are necessary for the purpose of making community property available to satisfy the obligation in accordance with A.R.S. §25-214
 Initials _____ Initials _____
- Sole and Separate Obligation:** This financial statement is submitted as a sole and separate financial statement to support a sole and separate obligation of the Undersigned, and is not based upon the creditworthiness of the marital community, if any. All sole and separate income, assets and debts for which I am obligated are listed below. No community property (such as wages and salary) is listed below and no information (except name) is provided on my spouse (if any).

If this financial statement is in conjunction with an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit. Sign here:

Borrower: _____ Co-Borrower: _____

Full Legal Name of Company/Borrower		Tax ID #	Telephone #	Date
Street Address		City	State	Zip Code
Billing Address		City	State	Zip Code
Nature of Business	# of Employees	Year Business Established	How Long Under Current Management	

- Sole Proprietorship
 General Partnership
 Limited Liability Corp.
 C Corporation
 Subchapter S Corp.
 Non-Profit Organization
 Trustee Under a Trust Agreement
 Other _____

Notice to Sole Proprietors: You may apply for credit in your name alone, regardless of marital status.

ATTACH AS APPLICABLE: Fictitious Name Statement, Partnership Agreements, Articles of Incorporation/Bylaws and any other legal agreements.

GUARANTOR(S) PROFILE

Please list the following information on each owner of the company (attach separate schedule if necessary).

Individual's Legal Name			Social Security #	Home Phone #	Birth Date
Home Address (Street, City, State and Zip Code)			Personal Net Worth, Excluding Business Value		Percentage of Ownership
() Own () Rent () Other	How Long (Years, Months)	Mthly House Payment	Gross Annual Salary	Other Gross Annual Income/Source*	
Individual's Legal Name			Social Security #	Home Phone #	Birth Date
Home Address (Street, City, State and Zip Code)			Personal Net Worth, Excluding Business Value		Percentage of Ownership
() Own () Rent () Other	How Long (Years, Months)	Mthly House Payment	Gross Annual Salary	Other Gross Annual Income/Source*	
Individual's Legal Name			Social Security #	Home Phone #	Birth Date
Home Address (Street, City, State and Zip Code)			Personal Net Worth, Excluding Business Value		Percentage of Ownership
() Own () Rent () Other	How Long (Years, Months)	Mthly House Payment	Gross Annual Salary	Other Gross Annual Income/Source*	

CREDIT REQUEST

PLEASE DESCRIBE THE PURPOSE OF YOUR LOAN REQUEST		*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Amount Requested	Primary Source of Repayment	Secondary Source of Repayment
Term Requested	Last Time Borrowed From Horizon Community Bank	
Collateral Address (including zip code) for this loan. If real estate, please provide a copy of the most recent property tax statement or purchase contract. If equipment or vehicle, provide a copy of the purchase order.		

BANK REFERENCES

#1 – Business Checking #2 – Savings #3 – Loan (Describe Loans in Credit Reference Section)

Type	Bank	Address	Name of Contact	Telephone #	
Name of Creditor	Type of Loan	Original Amount	Balance	Repayment Terms	Maturity Date

ACCOUNTS RECEIVABLE AGING

(Attach Aging Report)

Listing as of	Total Accounts Receivable	Current to 30 days	31-60 days	61-90 days	91+ days
	\$	\$	\$	\$	\$
Usual Terms of Sale Offered to Customer:			Usual Terms of Sale Offered by Suppliers:		

LEASE INFORMATION

Do you have a lease for the property your business now occupies? YES NO OWN

Monthly Rental or Mortgage Payment (include taxes, insurance, etc.): _____

Years left remaining on lease or mortgage: _____ Landlord or mortgage holder: _____

MISCELLANEOUS

(If answering "yes" to any question below, provide details. Attach separate sheet if necessary.)

- Have you as an individual or your business ever filed bankruptcy or defaulted on any debts? YES NO
- Does business have past due taxes? If yes, how much? (Attach explanation.) YES NO
- Are any assets pledged or mortgaged, other than as stated on business and personal financial statements submitted? YES NO
- Is the business a party to any claim or lawsuit? YES NO
- Does the company anticipate significant capital expenditures within the next twelve months?
If yes, please describe the nature and amount. YES NO

Does your business deal in toxic, hazardous, or environmentally sensitive materials? If yes, give details. YES NO

What is your approximate average sale or billing amount? _____

What percentage of your gross annual sales are attributable to your top customers? (Check one) 10-25% 26-50% 50%+

How were you referred to Horizon Community Bank?

MINIMUM SUPPORTING INFORMATION

PLEASE PROVIDE THE FOLLOWING:

1. Annual financial statements, including balance sheets and income statements for the past three fiscal years.
2. A supporting IRS tax return for each statement year, unless your annual statements are CPA audited.
3. A current interim financial statement (if more than six months have elapsed since your last statement).

By signing below, you each agree to the following:

- To the best of your knowledge and belief, all answers to the questions in this application are complete and true.
- The Bank has the right to verify the accuracy of the information provided in this application.
- The Bank is authorized to check each person's individual and/or business credit rating.
- The Bank is authorized to provide credit information concerning the applicants to others.
- We authorize our accountants to release financial statements and tax returns as available.

Authorized signature

Print name and title

Authorized signature

Print name and title

Authorized signature

Print name and title

Authorized signature

Print name and title

Certification of Beneficial Owners of Legal Entities

Financial Institution Name:		Financial Institution Location:	
Financial Institution Contact Person:	Contact Phone Number:	Customer Portfolio/Identifier:	

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

Name of Natural Person Opening Account:	Title of Natural Person Opening Account:
Type of Legal Entity for Which the Account is Being Opened:	Legal Entity Identifier (Optional):
Name of Legal Entity for Which the Account is Being Opened:	
Physical Address of Legal Entity for Which the Account is Being Opened:	

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name (Beneficial Owner)	Date of Birth	Address (Residential or Business Street Address)	<i>For U.S. Persons: Social Security Number</i>	<i>For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number¹</i>
First		Street		Number
Last	%	City State & Zip		Country of Issuance
First		Street		Number
Last	%	City State & Zip		Country of Issuance
First		Street		Number
Last	%	City State & Zip		Country of Issuance
First		Street		Number
Last	%	City State & Zip		Country of Issuance

If checked, Beneficial Owner listing requirement is Not Applicable

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- ◆ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ◆ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

Name/Title (of Person with Control)	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number ¹
First		Street		Number
Last		City		Country of Issuance
Title		State & Zip		

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, *(name of natural person opening account)*
 hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also,
 the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership
 information on this Certification.

Signature: _____ Date: _____

For Institution Use Only:

Name of Beneficial Owner	Type of Document	Document ID Number	Place of Issuance	Date of Issuance	Expiration Date
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Additional Information:



Horizon Community Bank

Personal Financial Statement

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, tax ID number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents

1. **Print form – 4 pages. Complete each section fully and sign page 4.**

2. When completed, you can fax this form back to Commercial Loan Department 928-854-3624, email to your loan officer or mail to Horizon Community Bank, 225 N. Lake Havasu Ave., Lake Havasu City, AZ. 86403.

REQUIRED

*Check the box that corresponds to the type of obligation for which you are applying. This field is located at the top of the Personal Information sheet. **If relying on community property, both the guarantor and his or her spouse MUST initial in the box entitled "Community Obligation".***

Important: If your transaction requires a guarantor and the guarantor is relying on community property, both the guarantor and his/her spouse should sign the financial statement.

*If you have questions regarding this form, please call (928) 854-3000 and ask to speak with your loan officer. They will be able to assist you with any questions you may have.



Horizon Community Bank

PERSONAL FINANCIAL STATEMENT

IMPORTANT NOTICE: Under Arizona law, property (including salary and wages) acquired by either spouse during marriage is the community property of both. Property acquired before marriage by gift or inheritance and the income there from is the sole and separate property of the spouse who acquired it, but it may thereafter become community property (in whole or in part) under certain circumstances. Please consult your legal and financial advisers if you are uncertain about the status of any property.

Type of Obligation

Community Obligation: This financial statement is submitted as a community financial statement in support of an obligation that will bind the undersigned's marital community obligation. I understand that Horizon Community Bank may require my spouse to join the obligation and sign any documents it reasonably believes are necessary for the purpose of making community property available to satisfy the obligation in accordance with A.R.S. §25-214
 Initials Initials

Sole and Separate Obligation: This financial statement is submitted as a sole and separate financial statement to support a sole and separate obligation of the undersigned (and is not based upon the creditworthiness of the marital community, if any.) All sole and separate income, assets and debts for which I am obligated are listed below. No community property (such as wages and salary) is listed below and no information (except name) is provided on my spouse (if any).

If this financial statement is in conjunction with an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit. Sign here:

Borrower: _____ Co-Borrower: _____

Personal Financial Statement As Of: [Click here to enter a date.](#)

Name:	Phone (Res/Cell):	Phone (Bus):	
Address:	City:	State:	Zip:
SSN:	DOB:	Email:	
Employer:	Position:	Years:	
Spouse Name:	Spouse SSN:	DOB:	
Spouse Employer:	Spouse Position:	Years:	
Spouse Phone (Res/Cell):	Spouse Phone (Bus):		

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. In compliance with the USA Patriot Act Sec. 326, we will ask for your name, address, date of birth and driver's license number and issue and expiration dates which will allow us to identify you.

Drivers Lic #:	State:	Spouse Drivers Lic #:	State:
Date Issued:	Expires:	Date Issued:	Expires:

Check here if you are attaching your own financial statement to this form in lieu of filling out the financial and schedule information below. However, it is necessary that you complete the top section of this form, and read and sign the bottom of this form.

ASSETS	VALUE	LIABILITIES	VALUE
Cash in HCB	\$	Notes Payable to:	\$
Cash in Other Banks	\$		
Cash Surrender Value of Life Insurance (Schedule A)	\$		
Stock & Bonds (Schedule B)	\$	Notes Payable to other Banks:	\$
IRA and Tax Deferred Accounts	\$		
Est. Real Estate Value (Schedule C)	\$		
Receivables – Secured by Real Estate Only	\$	Accounts Payable/Credit Cards:	\$
Autos and personal Property	\$		
Other Assets (Describe)	\$	Taxes Payable	\$
		Loans on Life Insurance (Schedule A)	\$
		Loans on Vehicles:	\$
Business Ventures (Sch. D – list on page 4)	\$	Real Estate Indebtedness (Schedule C)	\$
		Other Debts – Itemize:	\$
<input type="checkbox"/> (See Attached Itemization)		<input type="checkbox"/> (See Attached Itemization)	
		Total Liabilities	\$
Total Assets	\$	Net Worth (Total Assets Minus Total Liabilities)	\$

NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Agreement

ANNUAL INCOME		ANNUAL EXPENSES (Exclude Ordinary Living Expenses)	
Salary Bonuses & Commissions	\$	Real Estate Payments (P&I) Schedule C	\$
Net Income from Business or Profession	\$	Rent	\$
Interest & Dividend Income	\$	Income Taxes	\$
Rental income (Net of expenses)	\$	Insurance Premiums	\$
Retirement Income	\$	Property Taxes	\$
Other Income (describe)	\$	Payments on Contingent Liabilities	\$
		Credit Card Payments	\$
		Installment Payments	\$
		Other Payments (Describe)	\$
Total	\$	Total	\$

GENERAL INFORMATION	CONTINGENT LIABILITIES
Are you a Defendant in any lawsuits or Legal Actions? <input type="checkbox"/> Yes <input type="checkbox"/> No	As Endorser, Co-maker or Guarantor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Income Tax Return filed through what date?	On Leases or Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy or compromised debt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Federal Income Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets held in a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any State Income Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Name:	From:
Are all real estate taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all income taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A - Life Insurance (List only those Policies that you own)

Company	Insured	Beneficiary	Face Value/Death Benefit	Cash Value	Policy Loan From Insurance Company
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<input type="checkbox"/> See Attached Itemization				TOTALS	\$

Schedule B - Stocks & Bonds (List only those that are "Non-Retirement" related)

Face Value- Bonds/No. of Shares Stock	Description	Owner	Market Value (Marketable)	Market Value (Not Readily Marketable)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<input type="checkbox"/> See Attached Itemization			TOTALS	\$

Schedule C - Real Estate					
Address	Costs	Market Value	Amount Owning	Monthly Pmt	To Whom Payable
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<input type="checkbox"/> See Attached Itemization		\$	\$	\$	

Schedule D - Business Ventures					
Name of Business Venture	Your Position	Line of Business	Net Worth	% Owner	Present Value of Your Investment
			\$	%	
			\$	%	
			\$	%	
			\$	%	
			\$	%	

Schedule E - Contingent Liabilities					
Loan Name	Current Balance	Monthly Payment Amt	To Whom payable	Collateral	% Contingency
	\$	\$			%
	\$	\$			%
	\$	\$			%
	\$	\$			%
	\$	\$			%

Are you aware of any Covenant Violations? Yes No

If yes, please explain below:

Legal Claims/Federal, State, RE Liens? Yes No

If yes, please explain below:

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete, and correct. I (we) understand Lender is relying on this statement of my (our) financial condition in for the purpose of evaluating my (our) loan request(s). By signing below, I authorize Horizon Community Bank (Bank) to make any investigation of my credit either directly or through any agency employed by the Bank for that purpose in connection with my/our guaranty of new loans, extensions, renewals or modifications of credit. I agree to provide additional information that the Bank may request.

Signature _____ Date _____ Signature _____ Date _____

BUSINESS DEBT SCHEDULE

COMPANY NAME:

DATE:

This Schedule should include loans for contracts/notes payable and lines of credit, not accounts payable or accrued liabilities.

CREDITOR Name/Address	ORIGINAL DATE	ORIGINAL AMOUNT	TERM or MATURITY DATE	PRESENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	COLLATERAL OR SECURITY	WHAT WAS LOAN FOR?
TOTAL PRESENT BALANCE (Total must agree with balance shown on Interim Balance Sheet)								

*Line of credit equipment, etc.

Signature:

Date: