



**Bennington Office**  
 155 North Street  
 Bennington, VT 05201  
 Tel 802.442.1640  
 Fax 802.442.1641

**Manchester Office**  
 78 Center Hill  
 Manchester Center, VT 05255  
 Tel 802.362.4760  
 Fax 802.362.0577

**Arlington Office**  
 3198 Route 7A  
 Arlington, VT 05250  
 Tel 802.375.2319  
 Fax 802.375.2617

**Capital District Loan Office**  
 125 Wolf Road, Suite 503-13  
 Albany, NY 12205  
 Tel 518.438.8510  
 Fax 518.438.8511

thebankofbennington.com

## Commercial Loan Application

**Important Information About 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, street 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.

Applicant Information							
Borrower's Legal Name:							
Street Address:							
Mailing Address:							
Phone No:		Fax No:		Contact Name:			
Tax ID #:		Year Established:		Year Purchased:			
Type of Entity:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Non-Profit
Business Year End:			Nature of Business:				

Loan Request		
Loan Amount Requested:	<input type="checkbox"/> New Loan	<input type="checkbox"/> Renew/Increase Existing Loan
Purpose:		
Terms:	Maturity:	

Summary of Collateral				
<b>Collateral:</b>	<input type="checkbox"/> Savings/CD	<input type="checkbox"/> Marketable Securities	<input type="checkbox"/> Machinery, Equipment and/or Vehicle	
<input type="checkbox"/> Accounts Receivable/Inventory	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Other	
Summary of Collateral:	Present Value \$	Value Based on:	Lien holder:	Loan Balance: \$
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List of All Business Obligations Including Leases/Loans on Equipment, If Any						
Creditor:	Date Opened:	Maturity:	Original Balance: \$	Current Balance: \$	Payment: \$	Collateral:
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**Principal Information**

(Proprietor, Partners, Officers, Directors or all Holders of Outstanding Stock – 100% of Ownership Must Be Shown)

Name (1)	Title	% of Ownership
Home Address:		Social Security #:
City, State, Zip:		Home Phone #:
Name (2)	Title	% of Ownership
Home Address:		Social Security #:
City, State, Zip:		Home Phone #:
Name (3)	Title	% of Ownership
Home Address:		Social Security #:
City, State, Zip:		Home Phone #:
Name (4)	Title	% of Ownership
Home Address:		Social Security #:
City, State, Zip:		Home Phone #:

**Financial Information**

Tax Returns filed through what date:	
Are any returns being contested or audited: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes describe:	
Accountant or Accounting Firm:	
Name(s) and Title(s) of persons authorized to borrow money on behalf of the business:	
<input type="checkbox"/> Business Financial Statement submitted with application	Date:
<input type="checkbox"/> Business Federal Tax Returns submitted with application	Date:
<input type="checkbox"/> Personal Financial Statements submitted with application	Date:
<input type="checkbox"/> Personal Federal Tax Returns submitted with application	Date:

**Other Information****Please Answer the Following Questions**

<b>Do you engage in any of the following activities as part of this business? (Check all that apply)</b>	
<input type="checkbox"/> The Practice of Law	<input type="checkbox"/> The Practice of Accounting
<input type="checkbox"/> The Practice of Medicine	<input type="checkbox"/> Auctioning Goods
<input type="checkbox"/> Chartering Ships, Busses or Aircrafts	<input type="checkbox"/> Gaming of Any Kind
<input type="checkbox"/> Investment Advisory Services	<input type="checkbox"/> Investment Banking Services
<input type="checkbox"/> Real Estate Brokerage or Closings	<input type="checkbox"/> Pawn Brokerage
<input type="checkbox"/> Title Insurance Sales or Underwriting	<input type="checkbox"/> The purchase or sale of motor vehicles, including automobiles, aircraft, farm equipment or mobile homes
<b>Does the business provide any of the following services to its customers? (Check all that apply)</b>	
<input type="checkbox"/> Check Cashing	
<input type="checkbox"/> Issue Traveler's Checks, Money Orders, or Stored Value Cards	
<input type="checkbox"/> Sell or Redeem Traveler's Checks, Money Orders, or Stored Value Cards	
<input type="checkbox"/> Money Transmitter (Money Gram, Western Union, etc.)	
<b>Types of transactions typically made (Check all that apply)</b>	
<input type="checkbox"/> Cash Deposits and Withdrawals	<input type="checkbox"/> Check Deposits
<input type="checkbox"/> Wire Transfers – Domestic or International	
<input type="checkbox"/> Electronic Banking Transactions (ACH, Direct Deposit, Automatic Payments, etc)	
<input type="checkbox"/> Other:	
<b>What Market(s) does the Business serve? (Check all that apply)</b>	
<input type="checkbox"/> Bennington County and nearby NY	<input type="checkbox"/> Vermont Statewide
<input type="checkbox"/> United States	
<input type="checkbox"/> International: What Countries?	
<b>Estimated Annual Sales Volume: \$</b>	

**Notices**

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact:

**The Bank of Bennington, Attn: Credit Department  
155 North Street, Bennington, VT 05201**

within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

**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 credit is:

**Comptroller of the Currency, 1700 G Street NW, Washington DC, 20552**

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary, either directly or through any agency employed by Lender for that purpose, to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

**Appraisal Notice**

If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write to us at the following mailing address: The Bank of Bennington, 155 North Street, Bennington, VT 05201. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's Name, Property Address, Branch Name where application was taken, Application Date, and mailing instructions for the copy.

By signing below, each Applicant declares that he/she has read and understands the Reg. B notification regarding denied credit and appraisal notice as outlined in the Notice section above.

<b>Signatures of All Parties to this Loan Application</b>		
Signature of Authorized Agent of Applicant: X	Title:	Date:
Principal's Signature: X	Title:	Date:
Principal's Signature: X	Title:	Date:
Principal's Signature: X	Title:	Date:
Principal's Signature: X	Title:	Date:

<b>For Bank Use Only</b>			
Date Application Received:	Received By:	Branch:	
<input type="checkbox"/> In Person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail	<input type="checkbox"/> E-Mail
Customer Information Verified By:			
Lender Review of BSA Info:		Verified by Credit Department:	
<b>Decision</b>			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Withdrawn by Applicant	<input type="checkbox"/> Other: describe below
Decision Date:	Notified Customer: <input type="checkbox"/> Oral <input type="checkbox"/> Written		
Comments:			