



## **BUSINESS LOAN APPLICATION**

Superior National Bank  
235 Quincy Street, P.O. Box 450  
Hancock, MI 49930

phone 906.482.0404  
toll-free 1.866.482.0404



## INTRODUCTION

Thank you for considering Superior National Bank & Trust Company for your financing needs. The information requested will help us better understand your business and enable us to determine the best loan structure for your particular needs.

If you have any questions, please contact your Business Banking Loan Officer immediately rather than submitting an incomplete application. This application may be handwritten.

## APPLICANT INFORMATION

Name of Borrower: \_\_\_\_\_

Names of Business: \_\_\_\_\_  
(required if different from name of borrower)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Business Tax ID Number: \_\_\_\_\_

Form of Entity:  C-Corporation  S-Corporation  LLC  
 Partnership  Sole Owner  Other \_\_\_\_\_

Number of Employees: \_\_\_\_\_ at time of application \_\_\_\_\_ if loan is approved \_\_\_\_\_

Loan Amount \$ \_\_\_\_\_ Repayment Terms: \_\_\_\_\_

Purpose: \_\_\_\_\_

Collateral: \* \_\_\_\_\_

**\*COLLATERAL – You must provide proof of insurance for equipment and/or real estate loans at your loan closing naming SUPERIOR NATIONAL BANK LISTED as lienholder.**  Secured  Unsecured

I am applying for individual credit in my own name based on my income and assets.

I am applying for individual credit and I am relying upon my income or assets as well as income or assets from another source (guarantor or co-signers). Initials: \_\_\_\_\_

We are applying for joint credit. Initials: \_\_\_\_\_ and \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
signature

\_\_\_\_\_  
signature



## MANAGEMENT/OWNERSHIP

(list either for present business structure or proposed new business)

1.			
NAME	TITLE	OWNERSHIP %	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	
2.			
NAME	TITLE	OWNERSHIP %	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	
3.			
NAME	TITLE	OWNERSHIP %	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	
4.			
NAME	TITLE	OWNERSHIP %	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	

For each individual listed above, please bring the following:

- Describe your management qualifications, including your special areas of knowledge and experience (all owners)
- Personal Financial Statement, less than 60 days old
- Personal Resume (refer to Form 1)
- Names of any affiliates (companies of which any of the above individuals have 20% or more ownership)

**The lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made or, at its discretion, to further determine the applicant's credit standing or the credit standing of any general partner. It is understood the lender will rely on the information provided in making its credit decision.**



## HISTORY OF BUSINESS

Please submit a business plan, if available, or provide a description of your business which should include the following:

1. Date business was established - or will be established: \_\_\_\_\_
2. Location of business: \_\_\_\_\_
  - Is the location leased or owned? \_\_\_\_\_
  - If leased, provide the name and location of the owner: \_\_\_\_\_
3. Date present owners gained control, or will gain control: \_\_\_\_\_
4. Describe what services you offer, or products you sell/manufacture.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How is your product or service made?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe any special materials or processes used in your business. How are these obtained?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Discuss your market area and competition.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Discuss your marketing strategy.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe the trends affecting your industry.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Discuss your goals for the Business. Explain how this loan will help you achieve these objectives. Include why the loan is needed and how the money will be repaid.
  - Short term goals (1-4 years)
  - Long term goals (5-10 years)
11. Please provide any other information you feel would help us better understand your business.

## USE OF PROCEEDS

1. New Construction/Expansion	\$	
2. Acquisition of Machinery and Equipment	\$	
3. Land and Building Acquisition	\$	
4. Additional Working Capital	\$	
Purchase Inventory	\$	
Refinance Existing Debt	\$	
Leasehold Improvements	\$	
Other, please specify	\$	
Less: owners cash	\$ (	) )
 Total Loan Request	 \$	

**For numbered items above, please review below requirements.**

1. Construction Projects, please provide:
  - A breakdown of the estimated cost of the project.
  - Preliminary plans and specifications.
  - A signed construction contract, if available.
  - Legal description of real estate.
  - Property Survey, if available.
  
2. Machinery and Equipment Acquisitions and/or already owned equipment, please provide:
  - A detailed list of items to be acquired, including make, model, serial numbers and dealer invoice.
  
3. Real Estate Acquisitions, please provide:
  - A copy of the Offer to Purchase (to include name, address and Tax Identification of Seller).
  - Legal description of real estate.
  
4. Working Capital Requests, please provide:
  - A cash flow forecast which demonstrates the need for additional funds.
  - A projection to show when funds will be paid back.

**Insurance Coverage** - Insurance is needed for Real Estate and/or equipment financing

Who is your Insurance agent? \_\_\_\_\_

Who is your accountant? \_\_\_\_\_

Who is your attorney? \_\_\_\_\_



## FINANCIAL INFORMATION

The financial data requested below are essential to the decision-making process.

- Year-End balance sheet and income statements for the company's three previous fiscal years
- Year-End income tax returns - three previous fiscal years (personal and business - include all schedules)
- Interim balance sheet and income statement dated within 60 days of this application.
- Schedule of indebtedness (refer to Form 2) listing debts as of the most recent balance sheet submitted (list dollar amount due and all monthly payment obligations)
- Projections for at least the next two years, including detailed assumptions (refer to Form 3)
- Monthly cash forecast (refer to Form 4)

**FINANCIAL STATEMENTS: I/We agree to provide to you, upon request, any financial statements or information you may deem necessary. I/We warrant that all financial statements and information I/we provide to you are or will be accurate, correct and complete.**

## WHAT'S NEXT ?

This is a very common question. Superior National Bank has a tradition of quality service and quick responses to loan requests. Therefore, you should expect the following steps to occur:

1. Submit the loan application to your loan officer
2. The Loan Officer will contact you within two business days to schedule a follow-up meeting.
3. At the follow-up meeting, your loan officer will indicate the strengths and weaknesses of the loan request and either:
  - A. Decline the request, but provide recommendations.
  - B. Discuss with you the possible loan structuring and establish a "game plan" for finalizing the process.



**Form 1**

**PERSONAL RESUME**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**EDUCATION**

Institution or Training	Date Attended from            to	Major	Degree or Certificate
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**WORK EXPERIENCE**

Company	Dates Employed from            to	Title	Duties & Accomplishments
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FORM 2

SCHEDULE OF INDEBTEDNESS

as of: \_\_\_\_\_

Please complete this schedule of your debts completely and accurately. Please include all debts except accounts payable and accrued expenses. Use additional sheets, if necessary.

Creditor Name	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current or Delinquent

Total Present Balance \_\_\_\_\_ Total Monthly Payment \_\_\_\_\_

The total balance should agree with the latest balance sheet submitted. Please indicate with an asterisk those loans to be refinanced with the proposed request. (I:appcom2.doc)





**FORM 3**

**TWO YEAR PROJECTION OF REVENUE & EARNINGS**

(attach narrative explaining basis for figures showing receipts, expenses & profits)

YEAR	_____	% of sales	_____	% of sales
Gross Receipts	\$ _____	%	\$ _____	%
Cost of Goods Sold	\$ _____	%	\$ _____	%
Opening Inventory	_____	_____	_____	_____
Materials	_____	_____	_____	_____
Direct Labor	_____	_____	_____	_____
Subcontract Costs	_____	_____	_____	_____
Purchases	_____	_____	_____	_____
Overhead	_____	_____	_____	_____
Less Ending Inventory	_____	_____	_____	_____
Total Cost of Goods Sold	\$ _____		\$ _____	
Gross Profit	\$ _____		\$ _____	
<b>Expenses</b>				
Officers' Salaries (if Corporation)	_____	_____	_____	_____
Partner/Owner's draw	_____	_____	_____	_____
Employee Wages	_____	_____	_____	_____
Accounting & Legal Fees	_____	_____	_____	_____
Advertising	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Electricity and Heat	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Bad Debt	_____	_____	_____	_____
*** Miscellaneous (Postage, etc)	_____	_____	_____	_____
Total Expenses	_____	_____	_____	_____
<b>NET PROFIT</b>	_____	_____	_____	_____
Projected Debt Service	_____	_____	_____	_____
Projected Coverage Ratio	_____	_____	_____	_____



FORM 3 continued

## ASSUMPTIONS TO VERIFY PROJECTIONS



## CASH FLOW ANALYSIS

Profit Plan Cash/Budget for \_\_\_\_\_

Projections for the Fiscal Year \_\_\_\_\_

Month by month cash forecast.

ESTABLISHED BUSINESS: monthly sales and expenses from previous owner are required. NEW BUSINESS: estimate monthly sales and expenses based on projections.

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS	
P R O F I T	1.	TOTAL SALES													1.
	2.	COST OF SALES													2.
	3.	GROSS PROFIT													3.
	4.	GEN. OPERATING EXPENSE													4.
	5.	DEPRECIATION													5.
	6.	TOTAL OPERATING EXPENSE													6.
	7.	OPERATING PROFIT													7.
	8.	OTHER INCOME													8.
	9.	NET PROFIT BEFORE TAX													9.
	10.	TAX													10.
	11.	NET PROFIT AFTER TAX													11.
C A S H	12.	PURCHASES													12.
	13.	BEGINNING CASH													13.
		CASH INFLOWS:													
	14.	COLLECTIONS: ACCT RECEIV													14.
	15.	OTHER INCOME (EXPENSES)													15.
	16.	TOTAL CASH (AVAILABLE)													16.
		CASH OUTFLOWS:													
	17.	ACCOUNTS PAYABLE													17.
	18.	PAST DUE: ACCTS. PAYABLE													18.
	19.	GENERAL EXPENSES													19.
	20.	CAPITAL PURCHASES													20.
B U D G E T	21.	TAXES													21.
	22.	PRINCIPAL: LONG-TERM DEBT													22.
	23.	OTHER													23.
	24.	TOTAL CASH OUTFLOW													24.
	25.	CASH POSITION													25.
	26.	MONTHLY SHORT-TERM LOAN													26.
	27.	MONTHLY LONG-TERM LOAN													27.
	28.	ENDING CASH													28.
	29.	TOTAL SHORT-TERM LOAN													29.
	30.	TOTAL LONG-TERM LOAN													30.



### RENTAL PROPERTY - PROPOSED CASH FLOW

Business: \_\_\_\_\_

**INCOME:**

	monthly	annual
_____ unit(s) @ \$ _____	_____	_____
_____ unit(s) @ \$ _____	_____	_____
TOTAL	\$ _____	\$ _____

**EXPENSES:**

	monthly	annual
property taxes	_____	_____
insurance	_____	_____
utilities	_____	_____
heating	_____	_____
water	_____	_____
garbage/waste management	_____	_____
vacancy allowance _____ % of income	_____	_____
maintenance allowance	_____	_____
SNB loan payments	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____
NET CASH FLOW	\$ _____	\$ _____

Date: \_\_\_\_\_

\_\_\_\_\_  
signature

Date: \_\_\_\_\_

\_\_\_\_\_  
signature