

Business Profile

Applicant Legal Name (if applicable, DBA): _____ SSN/TIN: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

County: _____ Phone Number: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Business Structure

- Proprietorship Limited Partnership LLC Other: _____
 Business Individual C Corporation P.A.
 General Partnership S Corporation LLP

Borrower Type

- Standard (SB) Other nonprofit (NP)
 Church (CH) New Venture (NV)

Date Established: _____ How Long Under Present Mgmt?: _____ Sic Code: _____ Number of Employees: _____

Previous Company Name: _____ Gross Annual Sales: _____

Business Description: _____

Does this business own or operate any type of internet gambling business? Yes No

Loan Request

Amount \$: _____ Loan Purpose: _____

- Loan Product**
 Is this revolving? Yes No
 Line of Credit Secured Term SBA Guidance Line
 Real Estate Secured Unsecured Term ACH Transfer Future Advance LOC

Amortization in Months: _____ Maturity Date: _____

Collateral (Please indicate security available and estimated market value.)

Detailed Description (Type and Address, if R/E)	Mkt Value	Source (ex. ATV or NADA)	LTV (ex. 70%)	Existing Liens
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Documents Required for Approval

- 1) Last 2 FYE Financials OR Business Tax Returns AND most current Interim Financial Statement
- 2) 3 Months Bank Statements
- 3) Signed Personal Financial Statement on all owners > 20% - Form Attached
- 4) Signed Credit Application and Beneficial Ownership Form
- 5) Legal Entity Documentation (Articles, Certificates, By-laws etc.)

Co-Maker (C) - Guarantors (G) - Management (M)

Name	C,G,M	SSN/TIN	Address	Business Structure	DOB / Date Est.	Years w/Co.	% Owned	Net Worth (Excl. Co.)	Annual Income

Existing Business Debt Schedule

Name of Lender	Collateral Pledged	Purpose of Loan/Line	Original Amt/Lmt	Current Outstanding	Payment Amount	Payment Frequency	Maturity Date	Proceeds to Pay Off

Business Deposit Accounts

Bank Name	Account Name	Type of Account	12 Month Avg Collected Balance

Miscellaneous Obligations

Is the business or any principal an endorser, guarantor, co-signer, or co-borrower for obligations not listed on its financial statements? Yes No If yes, please indicate total contingent liability: \$

Is the business or any principal a party to any claim or lawsuit? Yes No Has the business, or any principal of the business, ever been in receivership or declared bankruptcy during the last 7 years? Yes No

Does the Business or any principal owe any back taxes? (i.e., sales income, real property, or municipal business taxes) Yes No Amount: \$ _____ To: _____

Are you a Director, Executive Officer, or Principal Shareholder of a financial institution or are you a Related Interest of any of these individuals? Yes No
If you checked yes, please indicate the name and location of the financial institution.

Declaration

I/We apply to Texas Security Bank (the "Bank") for the credit described above and certify that the information provided herein and on all accompanying statements is, to the best of my/our knowledge, true, complete, and correct. I/We understand that the information will be used by the Bank to determine credit worthiness. I/We certify that the loan proceeds will be used for business purposes and not for personal, family, or household purposes. I/We authorize the Bank to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of the review or collection of any credit extended in reliance on this application. All such information, along with this application, shall remain the Bank's property whether or not credit is extended. I/We authorize the Bank to furnish credit information, including insurance information, to persons who may lawfully receive and use such information. I/We further authorize the Bank to make all necessary inquiries to verify the information contained in this application and all accompanying statements, and I/we also authorize all such persons or entities the Bank contacts to respond completely to such inquiries.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Personal Financial Statement

Financial Statement

Last Name:		First:		Middle Initial:	
Social Security #:		Date of Birth:		Marital Status:	
				Phone:	
Home Address:			City:		
State:		ZIP:		Years at Current Address:	
Employer:		Occupation/Title:		Length of Employment:	
Business Address:			City:		State:
					ZIP:
Email Address:				Phone:	

Joint Applicant (if applicable)

Last Name:		First:		Middle Initial:	
Social Security #:		Date of Birth:		Marital Status:	
				Phone:	
Home Address:			City:		
State:		ZIP:		Years at Current Address:	
Employer:		Occupation/Title:		Length of Employment:	
Business Address:			City:		State:
					ZIP:
Email Address:				Phone:	

Section A: Assets

Cash:	(Schedule 1)	\$
Marketable Securities:	(Schedule 2)	\$
Non-Marketable Securities:	(Schedule 3)	\$
Investments In Partnerships:	(Schedule 4)	\$
Real Estate (Homestead):	(Schedule 5)	\$
Real Estate (Other):	(Schedule 6)	\$
Oil & Gas Interests:	(Schedule 7)	\$
IRA's, KEOGHs, & Other:		\$
Qualified Plans:		\$
Other Assets:		\$
Total Assets:		\$

Section B: Liabilities

Real Estate/Mortgages Payable:	(Schedule 5)	\$
Notes Payable:	(Schedule 8)	\$
Margin Debt Due Brokers:	(Schedule 2)	\$
Partnership Related Debt:	(Schedule 4)	\$
Oil & Gas Related Debt:	(Schedule 7)	\$
Taxes Payable:		\$
Credit Card Debt:		\$
Total Liabilities:		\$
Net Worth: (Total Assets less Total Liabilities)		\$
Total Liabilities Plus Net Worth:		\$

Section C: Cash Income & Cash Expense Information

Cash Income**	Previous Year	Current Year	Projected Next Year
Gross Wages or Salaries:	\$	\$	\$
Commissions, Bonuses, etc:	\$	\$	\$
Partnership Distributions:	\$	\$	\$
Interest & Dividends:	\$	\$	\$
Rental Income:	\$	\$	\$
Oil & Gas Income:	\$	\$	\$
Total Cash Income:	\$	\$	\$

Cash Expenses***	Previous Year	Current Year	Projected Next Year
Real Estate/Mortgage Payments:	\$	\$	\$
Reg. Scheduled Principle/Int. Payments:	\$	\$	\$
Income Taxes: (Sum of a Year's Payments)	\$	\$	\$
Partnership Contributions:	\$	\$	\$
Interest & Dividends:	\$	\$	\$
Other Taxes: (Real Estate, etc)	\$	\$	\$
Living Expenses and Misc:	\$	\$	\$
Rental Expenses:	\$	\$	\$
Oil and Gas Expenses:	\$	\$	\$
Other Anticipated Payments: (Tuition, etc)	\$	\$	\$
Total Cash Expenses:	\$	\$	\$
Net Cash Flow: (Cash Income less Cash Expenses)	\$	\$	\$

* Includes Single, Divorced, & Widowed.

** Income from 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.

*** List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income on your cash expenses.

In the following statement, the words "I", "me", and "my" mean anyone signing below. "You" and "your" refer to the Bank.

I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or services to me. I warrant and represent to you that this financial statement and any other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities including, but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to you. You may assume that my financial condition is as least as good as shown on this statement until I provide to you another updated financial statement. You may request information about me from others including an investigative consumer report and you may request a consumer credit report about me in connection with this statement for credit or services. If I ask you, you will tell me if a consumer credit report has been requested and will also tell me the name and address of the reporting agency. I understand that knowingly providing false or misleading information in this financial statement is a federal offense that may subject me to fine, imprisonment or both.

ATTENTION: CONTINGENT OBLIGATIONS SCHEDULE MUST BE COMPLETED. IF NONE, THEN WRITE NONE ON THE SCHEDULE

Signatures

Signature:

Date:

Joint Signature:

Date:

Beneficial Ownership Certification

General Instructions

Why are we asking for this information?

To help the government fight financial crime, effective May 11, 2018 Federal regulation requires 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 those crimes.

Who must complete this form?

The following information must be provided by the person opening a new account on behalf of a legal entity. For this form, a legal entity includes corporations, limited liability company, or other entity that is created by filing a public document with the 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?

The regulation 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 foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., CEO, CFO, COO, 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 identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections. 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% 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.

Natural Person Opening Account or Requesting Loan

First Name: _____ Middle: _____ Last: _____

Title (Owner, Pres, Signer): _____

Legal Entity for Which Account is Being Opened

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Beneficial Owner(s) - Section (i)

1	First Name:	Middle:	Last:
	Address:		
	City:	State:	ZIP Code:
	% Ownership:	Date of Birth:	Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

2	First Name:	Middle:	Last:
	Address:		
	City:	State:	ZIP Code:
	% Ownership:	Date of Birth:	Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

3	First Name:	Middle:	Last:
	Address:		
	City:	State:	ZIP Code:
	% Ownership:	Date of Birth:	Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

4	First Name:	Middle:	Last:
	Address:		
	City:	State:	ZIP Code:
	% Ownership:	Date of Birth:	Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

Managing Person - Section (ii)

First Name:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
Date of Birth:	Social Security Number:	

(Or Other identifying number and county of issuance for Foreign Persons.)

Signature

I, _____ (name of natural person opening account or requesting loan), 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 Texas Security Bank of any change in the beneficial ownership information on this Certification.

Signature:	Date:
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