



**Albina Community Bank**  
 (503) 331-3782 • Fax (503) 287-0197  
 2002 NE MLK, Jr. Blvd.  
 Portland, OR 97212

**BUSINESS LOAN APPLICATION**

As of Date: \_\_\_\_\_

BUSINESS ADDRESS / OWNERSHIP		
Name	Company Tax I.D. No. <i>or</i> Personal Social Security No.	
Address		
	Telephone No.	No. of Employees
Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-S <input type="checkbox"/> LLC	No. of Years in Operation	Present Management Since

LOAN REQUEST		
Amount Requested	Term Requested	Loan Purpose
Sources of Repayment		
Collateral – <i>(List collateral, show evaluation and attach supporting documentation)</i>		

BUSINESS INFORMATION			
What product or service does your business offer?			
What geographic area does your business serve:			Will your current facility be adequate for the next 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address of principal place of business:			
Please list your major customers	NAME	ADDRESS	% OF SALES
Are all your business taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain:		Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:	
Please list your major trade suppliers	NAME	ADDRESS	% OF SALES

FINANCIAL INFORMATION SUMMARY					
Balance Sheet Date	Current Assets	Total Assets	Current Liabilities	Total Liabilities	Net Worth
Statement Period & Date:					
Sales					
Profit					

GENERAL INFORMATION		
Who owns the business? NAME	TITLE	PERCENT OF OWNERSHIP
Your Attorney's Name	Address	Phone Number
Your Accountant's Name	Address	Phone Number
Your Current Banker's Name	Address	Phone Number
Your Insurance Company Name	Amount of Insurance	Beneficiary
Your Insurance Agent's Name	Address	Phone Number
Do You Have Key Person Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name(s) of Insured	

FINANCIAL INFORMATION REQUIRED
<b>TO ALLOW US TO CONSIDER YOUR REQUEST, THE FOLLOWING INFORMATION IS REQUIRED:</b>
<input type="checkbox"/> All Owners' Personal Financial Statements <input type="checkbox"/> Partnership Agreement/Articles of Incorporation <input type="checkbox"/> All Owners' Full Federal Tax Returns for the Last Three Years <input type="checkbox"/> Current Accounts Receivable Aging <input type="checkbox"/> Company's Financial Statements for the Last Three Years <input type="checkbox"/> Financial projections <input type="checkbox"/> Company's Full Federal Tax Returns for the Last Three Years <input type="checkbox"/> Business Plan <input type="checkbox"/> Company's Current Interim Financial Statements
Please send the above information with a completed Application to: <b>ALBINA COMMUNITY BANK</b> (503) 331-3789 • Fax (503) 287-0197 2002 NE MLK, Jr. Blvd. Portland, OR 97212

The information provided by the applicant in this application and in any supplements thereto is submitted voluntarily and in confidence to Albina Community Bank. The bank is authorized to respond to credit inquiries in accordance with customary banking practice.	
Print Name of Applicant	
Applicant's Signature:	Date
Title	

FOR ACB USE	
Received By	Date