

Verification of Identification <input type="checkbox"/> OFAC/Gov. Lists <input type="checkbox"/> Additional Documentation Attached	COMMERCIAL LOAN APPLICATION	LOAN NO.
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PURPOSE OF LOAN	COLLATERAL
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NAME OF BUSINESS	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP	TAX IDENTIFICATION NUMBER
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ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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TYPE OF BUSINESS	YEAR ESTABLISHED	YEARS AT LOCATION	LOCATION <input type="checkbox"/> LEASED <input type="checkbox"/> OWNED
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LANDLORD OR MORTGAGE HOLDER	ANNUAL RENT OR MORTGAGE PAYMENT \$	LEASE EXPIRES	RENEWAL TERMS
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BUSINESS BANK ACCOUNT IN NAME Madison County Community Bank, P. O BOX 834	NAME OF BANK, ADDRESS OF BRANCH	ACCOUNT NUMBER
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OUTSTANDING LOANS (BANK NAME)	PRESENT BALANCE 1. \$	OUTSTANDING LOANS (BANK NAME)	PRESENT BALANCE 3. \$
	2. \$		4. \$

PLEGGED ASSETS (IF ANY): PLEASE LIST	2.
1.	3.

FISCAL PERIOD ENDS	NAME AND ADDRESS OF C.P.A.
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SUPPLIER REFERENCES	NAME AND ADDRESS	TELEPHONE

NAME(S) OF AFFILIATED CORPORATIONS OR BUSINESS(ES) 1.	2.
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PERSONAL INFORMATION OF PRINCIPALS / OFFICERS

NAME & TITLE	% OWNERSHIP	NAME & TITLE	% OWNERSHIP
RESIDENCE ADDRESS	CELL PHONE	RESIDENCE ADDRESS	CELL PHONE
CITY STATE ZIP YEARS THERE	TELEPHONE	CITY STATE ZIP YEARS THERE	TELEPHONE
SSN# DATE OF BIRTH NO. OF DEPENDENTS ANNUAL INCOME		SSN# DATE OF BIRTH NO. OF DEPENDENTS ANNUAL INCOME	

ADDITIONAL INCOME (ANNUAL) AND SOURCE	ADDITIONAL INCOME (ANNUAL) AND SOURCE
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ADDITIONAL INCOME - Alimony or child support or separate maintenance payments are optional and need not be revealed if the applicant does not choose to rely on such income in applying for credit. \$	<input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> YEARLY	ADDITIONAL INCOME - Alimony or child support or separate maintenance payments are optional and need not be revealed if the applicant does not choose to rely on such income in applying for credit. \$	<input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> YEARLY
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INDICATE W <input type="checkbox"/> RENT <input type="checkbox"/> OWN LIST THE NAME(S) OF ALL CO-OWNERS OF YOUR RESIDENTIAL PROPERTY	INDICATE W <input type="checkbox"/> RENT <input type="checkbox"/> OWN LIST THE NAME(S) OF ALL CO-OWNERS OF YOUR RESIDENTIAL PROPERTY
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CO-OWNER	CO-OWNER
CO-OWNER	CO-OWNER

PREVIOUS HOME ADDRESS	PREVIOUS HOME ADDRESS
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PERSONAL CHECKING ACCOUNT - BANK AND BRANCH	PERSONAL CHECKING ACCOUNT - BANK AND BRANCH
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PERSONAL SAVINGS ACCOUNT - BANK AND BRANCH	PERSONAL SAVINGS ACCOUNT - BANK AND BRANCH
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DEBTS (BANKS, STORES, LOAN OR FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOUR ARE INDEBTED. INCLUDE ANY REVOLVING LINES OF CREDIT. USE SEPARATE SHEET IF NECESSARY.. IF NONE, STATE NONE.

LANDLORD OR MORTGAGE HOLDER LIST DEBTS	MONTHLY PAYMENT	PRESENT BALANCE	LANDLORD OR MORTGAGE HOLDER LIST DEBTS	MONTHLY PAYMENT	PRESENT BALANCE
1.	\$	\$	1.	\$	\$
2.	\$	\$	2.	\$	\$
3.	\$	\$	3.	\$	\$
4.	\$	\$	4.	\$	\$

TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$	TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$
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CREDIT REFERENCES 1.	CREDIT REFERENCES 1.
2.	2.

AUTOMOBILE YEAR & MAKE - LICENSE	INSURANCE AMOUNT \$	AUTOMOBILE YEAR & MAKE - LICENSE	INSURANCE AMOUNT \$
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HAVE YOU EVER BORROWED UNDER A DIFFERENT NAME WHAT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES,	HAVE YOU EVER BORROWED UNDER A DIFFERENT NAME WHAT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES,
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HAVE YOU EVER FAILED IN BUSINESS? IF YES, PROVIDE COMPLETE DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FAILED IN BUSINESS? IF YES, PROVIDE COMPLETE DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO
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DO YOU HAVE ANY CONTINGENT LIABILITIES? IF YES, PLEASE LIST ON ADDITIONAL SHEET. <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY CONTINGENT LIABILITIES? IF YES, PLEASE LIST ON ADDITIONAL SHEET. <input type="checkbox"/> YES <input type="checkbox"/> NO
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SEE REVERSE SIDE - COMPLETE BOTH SIDES

You, the firm signing below, a corporation, limited liability company, partnership, sole proprietorship, as well as the Principals or Officers of the firm also signing below, hereby submit this Application and Financial Statement(s) to us for the purpose of obtaining a loan for the firm in the amount of \$ _____. If checked, payments on the loan are to be deducted from the firm's deposit account, No. _____ with us, as and when they come due. Although we will advise you of the exact terms of the loan we are willing to make if and when we approve this Application, you are applying for a loan on the following terms:

Rate _____ % Equal Installments of Principal and Interest Payable over _____ months.
 Fixed Principal and Interest due on _____
 Variable Equal Monthly Principal Payment of \$ _____ each, Plus Accrued Interest
Index _____ On Demand
_____ Other _____

All Principals and Officers named on this Application must also sign below. By signing, each of you authorize and instruct any persons or consumer reporting agency to compile and furnish to us any information it may have or obtain in response to our credit inquiries. You declare that all information set forth in this Application is a true representation of the facts and is made by you for the purpose of inducing us to extend the credit requested. Any willful misrepresentation on this Application could result in criminal action. We may request a consumer report on each Principal or Officer signing below in connection with this Application and subsequent consumer reports in connection with updating, renewing or extending the requested credit. Upon your written request, we will provide the name and address of the consumer agency furnishing such a report to us, if any.

JOINT CREDIT - We intend to apply for Joint Credit. (Initial) _____ (Initial) _____
Applicant Co-Applicant

_____ Date of Application _____ Name of Firm

_____ Signature of Principal or Officer _____ Signature of Principal or Officer

_____ Print Name of Principal or Officer Title _____ Print Name of Principal or Officer Title

DOCUMENTS CHECKLIST	CHECK	DATES OF DOCUMENTS	FOR BANK USE ONLY
UCC FILINGS (2)			
BUSINESS FINANCIALS INCLUDING INCOME STATEMENTS			
RESOLUTION			
PERSONAL FINANCIALS			
SUBORDINATION AGREEMENT			
LIST OF ACCOUNTS RECEIVABLE			
LIST OF EQUIPMENT			
LIST OF INVENTORY			
OTHER			
OTHER			
OTHER			

_____ NAME OF INTERVIEWER

COMPLETE BOTH SIDES