

Commercial Customer Profile

This customer profile will enable us to serve your banking needs quickly and efficiently

Company Information		
□ C-Corp		Sub-S Corp
□ LLC		General Partnership
☐ Sole Proprietorship		Other:
Legal Company Name:		
Trade Name or DBA:		
Physical Address:		
City:	State:	Zip:
Primary Contact:	Business	S Phone:
Date Established:	_ Gross Annual Sales: \$	Federal Tax ID #:
Nature of Business:		
Avg Business Checking Balance: \$	Primary	Bank Name:
		Phone:
Address:		
Name(s) of Attorney:		Phone:
Business Insurance Agency:		



Statement of Business Ownership

Please complete for each business owner

Business Name	As of	As of				
NAME:		Owner Since:_				
Ownership Percentage:	Owner's Title	::				
Home Street Address:						
City:	State:		Zip:			
Home Phone:	Social S	ecurity Number:				
Have you ever been declared bankr	upt?	☐ YE	ES NO			
Do you have any outstanding liens,	☐ YE	ES NO				



PERSONAL FINANCIAL STATEMENT

SECTION 1 Applicant INFORMATION	int)	SECTION 2 Co-applicant INFORMATION (Type or Print)					
Name			Name				
Date of Birth Social Security #			Date of Birth Social Security #				
Residence Address			Residence Address				
City, State & Zip			City, State & Zip				
Position or Occupation Number of year	S		Position or Occupation Num	ber of years			
Employer Name			Employer Name				
Res. Phone Bus. Phone			Res. Phone Bus.	Phone			
Nearest Relative Not living with Me	Relation	nship:	Nearest Relative Not living with Me	Relatio	nship:		
Address	Phone		Address	Phone			
INCOME FOR YEAR ENDED: 20 Applicant Co-Applicant			CONTINGENT LIABILITIES	Co-Applicant			
Salary	\$	\$	Do you have any contingent liabilities? If so, describe	\$	\$		
Bonuses and Commissions			ii so, describe	1			
Interest & Dividends			As endorser, co-maker or guarantor?				
Rental income			On leases or contracts?				
Other income (Alimony, or child support need not be revealed if you do not wish to have it			Legal claims				
considered as a basis for repaying this			Other special debt				
obligation)			Amount of contested income tax liens				
TOTAL INCOME	\$	\$					
Р	ERSONAL INF	ORMATION (bo	oth applicant and co-applicant)				
Are you a US Citizen?			Do you have a will? If so, name of executor:				
Are you a partner or officer in any other venture? If so, describe							
Are any assets pledged other than as described on schedules? If so, describe							
Are you a defendant in any suits or legal actions? If so, describe							
Have you or your businesses ever been declared bankrupt? If so, provide details							

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF

Indicate "A" (Applicant), "C" (Co-applicant) or "J" (Jointly held w/others) beside assets and liabilities to indicate to whom item applies

Assets	Schedule	A,C or J	\$ Amount	Liabilities	Schedule	A,C or J	\$ Amount
Cash on hand and in banks	А			Credit Cards	J		
IRAs 401K & Retirement Assets	В			Other unsecured lines of credit	J		
All Other Securities	С			Auto, Boat, Equipment loans	Н		
Cash Value of Life Insurance	D			Real estate mortgages payable	F		
Loans and Accounts Receivable	E		- Y	Equity Lines	F		
Value of Closely Held Business	F			Unpaid Taxes	J		
Real Estate Owned	G			Other Debts - Itemize	J		
Automobiles, boats, equipment	Н			Amounts payable to others	J		
Other Personal Property	Other Personal Property I Total Liability		Total Liabilities				
				Net Worth (Assets - Liabilities)			
TOTAL ASSETS				LIABILITIES + NET WORTH			

SCHEDULE A - Cash on hand and in Banks

Type of Account	Name of Bank or Financial Institution	Name in Which the Account is Carried	Subject to Debt?	Current Balance

SCHEDULE B -	- IRAs, 40	1Ks and Reti	rement Acc	ounts			USE ADI	DITIONA	L SHEETS	IF NE	CESSARY	
Bank or Bro	ker	er Account Description In Nam			Name Of		Value	Da	ate of Value	2053	oan Balance f applicable)	
										-		
SCHEDULE C -	- All Othe	r Securities										
Number of Shares		Description		In Name Of			Value		Date of Value		Loan Balance (if applicable)	
SCHEDULE D -	 - Life Inst	ırance										
Insurance Co	ompany	In	sured	В	Beneficiary		Face Value of Policy		Cash Value of Policy		Loan Balance (if applicable)	
							AN 165 N					
SCHEDULE E -				Balance Due	SCHEDULE F -		ie of Closely Descri		sinesses % owne	ershin	Net Value	
Name of Det	otor	Repayment To	erms	Balance Due	Name of Busin	055	Descri	Juon	78 OWIN	namp	Net value	
		per										
SCHEDULE G -	- Roal Est	per ate Owned					7.	×1				
Location &	Descriptio	n Title ir	Name of	Cost Year Acquired	Marke	et Valu	e Mortga Balan		Mortgage Le	nder	Monthly Payment	
(include dimen	SIONS OF BUILD	9)		rear Acquireu			Bulan				raymone	
		-										
SCHEDULE H -		biles, Boats,	and Equipm	MONTHLY	SCHEDUI		Other Persor	nal Prope			MONTHLY	
YEAR / MAKE /	MODEL	VALUE	BALANCE	PAYMENT	DESCRIP	IION		VALUE	BALA	NCE	PAYMENT	
SCHEDULE J –	All Othor	Linhilition										
Type of Loan	All Other	Liabilities	Name of Cred	itor	Collateral Desc	Loan Balance			Monthly Payment			
PEDDECENITATIO	ONG VND	WADDANTIES										
elated thereto ("Le thers, execute a gu roperty) in deciding nd that Lender may	ntained in the nder") on be laranty in far g to grant or y consider the ecessary to v	is statement is prehalf of the perso vor of Lender. Ap continue credit. his statement as c	ovided for the pons, firms, or co plicant understa Applicant warra ontinuing to be	orporations in whose ands that Lender is re ants that the informa true and correct un	, or maintaining credi e behalf the Applicant elying on the informat ation provided on the til a written notice of d to determine my/ o	t and Co tion pro- front ar change	o-Applicant (the wided herein (inc nd back of this P is given to Lend	"Applicant" luding the c ersonal Fina er by Applic) may either : designations n incial Stateme ant. Lender is	severally nade as ent is tru s authori	or jointly with to ownership of e and complete zed to make all	
commontation in the engineering which we have been a second and the control of th		RSIGNED HA	/E READ AN	D FULLY UNDER	STAND THE FOR	EGOIN	NG REPRESEN	NTATION:	S AND WA	RRANT	TES	
DATE				A	pplicant Signatur	e .						
DATE				Co	o-applicant Signa	iture						

BUSINESS DEBT SCHEDULE

Business Name

sheet. Include all capital leases shown on the balance sheet (if any). Do not include accounts receivable and accounts payable. Include the following information on all installment debts, notes, contracts, and mortgages. Current balance must match the current balance

As of

Signature:						Name of Creditor
						Original Amount
	Total Current Balance					Original Date
Title:						Current Balance
						Interest Rate
	Total Monthly Payment					Maturity Date
						Monthly Payment
Date:						Collateral
						Current or Delinquent



AUTHORIZATION TO RELEASE INFORMATION

Date:	
Borrower / Guarantor Name:	
Address:	
Co-Borrower / Guarantor Name:	
Address:	
TO WHOM IT MAY CONCERN:	
I (we) have applied for a real estate loan and/or other form of cre Group. As part of the application process, Jeganism Business Adv may verify information contained in my/our loan application, fina required in connection with the loan, either before the loan is clo program.	visory Group or the lender of their choice ancial statement or other documents
You are hereby authorized to provide to Jeganism Business Advisounderwrite my loan and to any investor to whom the lender may the future, all information and documentation they may request. limited to:	sell all or a portion of my loan now or in
Income verification such as pay stubs, w-2 statements, co returns, etc.	pies of current and/or prior year tax
Verification of assets including bank statements, investments, insurance policies, etc.	ent and/or brokerage account
> Employment history including dates, title, income, hours	worked, etc;
Rating of loan(s) including opening date, high credit, payment history; Rental verification (opening date, payment history).	
> Any other information lender deems necessary in connect	tion with the loan request.
This authorization includes re-verification after closing for quality the confidential use of the lender, loan participants and other age financing in determining our credit worthiness for the loan or to caddition, we are aware that the documentation supplied is subjection disbursement. A photographic or fax copy of this authorization of the original and may be used as a duplicate original.	ents helping to secure the requested confirm information we have supplied. In ct to re-verification after the date the
APPLICANT (S):	
Borrower / Guarantor	Social Security Number / EIN

Social Security Number / EIN

Co-Borrower / Guarantor