

Commercial Credit Application

LOAN REQUEST *(Please check all that apply)*

<input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan	Specific Business Purpose <input type="checkbox"/> Purchase: _____ <input type="checkbox"/> Refinance/Renewal: _____ If existing Arvest loan specify original purpose: _____	Check one of the following <input type="checkbox"/> Home Improvement (rental property including 1-4 and multi-family): _____ <input type="checkbox"/> Other (Specify): _____ If working capital specify use: _____
Notice of Joint Intent We intend to apply for joint credit. (initial) Applicant: _____ Co-Applicant: _____ Co-Applicant: _____ Co-Applicant: _____		

Amount Requested	Term	Collateral Description	Collateral <input type="checkbox"/> Purchased <input type="checkbox"/> Refinanced <input type="checkbox"/> N/A	Value
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BUSINESS INFORMATION

Business Legal Name / Individual Name	Current Customer <input type="checkbox"/> Yes <input type="checkbox"/> No (select one)	Federal Tax Identification Number / SSN	Number of Employees	Business Phone
Business Street Address	City	State	Zip	County
Mailing Address	City	State	Zip	State of Registration
CRA Address *The physical location where the loan's funds will be used. Cannot be P.O. Box. Use cross streets if no street address available.	City	State	Zip	County
E-mail	Type of business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacture <input type="checkbox"/> Service		Date Business Established	
Organization/Business Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Farm <input type="checkbox"/> Other (specify) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company				Present Management Since
Description of Business, Products, Services			Gross Annual Business Revenue	

FINANCIAL INFORMATION

Primary Bank	How Long?	Average Business Checking Account Balance?
1. Does your business owe any taxes from prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? \$	2. Is the business liable for any debts not listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? \$	
3. Is the business a party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Has the business or any guarantor ever been involved in bankruptcy or insolvency proceedings in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Year? _____ Who (business or guarantor)? _____	
5. Are there any delinquent FICA, withholdings or sales taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the business or any guarantor ever defaulted on any government guaranteed loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the business for sale or under agreement that would change the ownership of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does the business, its owners or majority stockholders have a controlling interest in other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please List)	

Current Business Debt Information (attach additional document if needed)

Creditor	Type of Debt/Purpose	Original Amount	Current Balance	Monthly Payment	<input type="checkbox"/> Int. Only <input type="checkbox"/> Mo. P & I <input type="checkbox"/> Other	Maturity Date	To Be Refinanced with Requested Funds <input type="checkbox"/> Yes <input type="checkbox"/> No

GUARANTOR/BORROWER INFORMATION (must state 100% of ownership)

Name		Contact Phone	% of Ownership	Social Security#	
Home Street Address		City	State	Zip	Date of Birth
Annual Gross Salary	Other Income Amount*	Other Income Source	Monthly Housing Payment	<input type="checkbox"/> Own <input type="checkbox"/> Rent	

Name		Contact Phone	% of Ownership	Social Security#	
Home Street Address		City	State	Zip	Date of Birth
Annual Gross Salary	Other Income Amount*	Other Income Source	Monthly Housing Payment	<input type="checkbox"/> Own <input type="checkbox"/> Rent	

* Alimony, child support, or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.

GUARANTOR'S/BORROWER'S PERSONAL FINANCIAL STATEMENT (Duplicate for additional Guarantors/Borrowers)

ASSETS		LIABILITIES		
	\$VALUE		\$Monthly Payment(s)	\$Balance
Cash not held in banks		Mortgage company:		
Checking Balance – Bank:		Rentals (Itemize below)		
Savings Balance- Bank:		Other (specify):		
Primary Residence		Loans (Itemize/example: Arvest Bank Auto Loan)		
Other Real Estate (Describe below)				
Marketable Securities (NYSE, OTC ASE)				
Retirement Plans (401K/Thrift Pension)				
IRA				
Cash Value of Life Insurance: *Do NOT include Face Value		Revolving Charge Accounts		
Other Investments (Describe)		(Itemize/Example: VISA)		
Other Partnership Interest/Business Interests				
Automobiles – Number:				
Other Assets (Describe)				
		Other Liabilities (Describe)		
TOTAL ASSETS:		TOTAL LIABILITIES:		
		NET WORTH (Total Assets minus Total Liabilities)		

DETAILED SCHEDULE OF REAL ESTATE (If additional properties owned, attach separate schedule)

Address of Property	Type of Property	Present Market Value	Mortgage Holder	Gross Rental Income	Monthly Payment	Current Mortgage Balance

Applicant(s) hereby certify that all of the statements above and any other documents provided to the Bank to consider this extension of credit are true and complete as of the date given. Applicant(s) authorize Bank to verify all of the above information given, to obtain a credit report or any other verification of credit references, and to make such other investigations as the Bank deems appropriate. Applicant(s) agree to notify the Bank promptly of any adverse change in their financial condition. Applicant(s) also certify that all loan proceeds will be used exclusively for business related purposes. If the business is a corporation or partnership, all authorized owners/principals must sign and include their corporate/partnership title.

Applicant(s) further authorize the Bank to provide any, or all of the information provided to the Bank in connection with this Application, to a third party credit processing service via the Internet, as part of the Bank's evaluation of the Applicant's creditworthiness, and Applicant(s) hereby release the Bank from any liability for any damages sustained by Applicant(s) in connection with the Bank's use of said third party credit processing service.

X _____
 Signature Printed Title Date

X _____
 Signature Printed Title Date

For official use only

Date Received: / / Officer Code: Region: Branch: Application No.:

Addendum for Additional Guarantor/Borrower Information

GUARANTOR/BORROWER INFORMATION (must state 100% of ownership)									
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
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Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Name			Contact Phone		% of Ownership		Social Security#		
Home Street Address			City			State	Zip	Date of Birth	
Annual Gross Salary		Other Income Amount*		Other Income Source		Monthly Housing Payment		<input type="checkbox"/> Own <input type="checkbox"/> Rent	



Home Mortgage Disclosure Act | Demographic Information of Borrower

(This information is to be filled out if the loan purpose is home purchase, home refinance, or home improvement ONLY. This includes commercial loans for the purpose of purchasing 1-4 family rentals or investment properties, multi-family properties, apartments, condos, townhomes, etc. and the refinance or improvement of said properties.)

Date of Application:	Loan Number:
Applicant's Name:	Co-Applicant's Name:

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide his or her information, but are encouraged to do so. **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. **Instructions:** You may select one or more "Hispanic or Latino" origins and one or more designations for "Race." If you do not wish to provide some or all of this information, select the applicable check box. **This information is not required for entity borrowers.**

APPLICANT	CO-APPLICANT
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino _____ <i>Examples: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc</i>	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino _____ <i>Examples: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.</i>
Race/National Origin: <input type="checkbox"/> American Indian or Alaska Native- Enter name of enrolled or principal tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian- Enter race: _____ <i>Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</i>	Race/National Origin: <input type="checkbox"/> American Indian or Alaska Native- Enter name of enrolled or principal tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian- Enter race: _____ <i>Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</i>
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander- Enter race: _____ <i>Examples: Fijian, Tongan, etc.</i>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander- Enter race: _____ <i>Examples: Fijian, Tongan, etc.</i>
<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information
To be completed by Financial Institution (for an application taken in person):	
Was the ethnicity of the Applicant collected on the basis of visual observation or surname? ___ YES ___ NO	Was the ethnicity of the Co-Applicant collected on the basis of visual observation or surname? ___ YES ___ NO
Was the sex of the Applicant collected on the basis of visual observation or surname? ___ YES ___ NO	Was the sex of the Co-Applicant collected on the basis of visual observation or surname? ___ YES ___ NO
Was the race of the Applicant collected on the basis of visual observation or surname? ___ YES ___ NO	Was the race of the Co-Applicant collected on the basis of visual observation or surname? ___ YES ___ NO
The Demographic Information was provided through:	
<input type="checkbox"/> Face-to-Face (includes Electronic Media w/ Video Component) <input type="checkbox"/> Telephone Interview <input type="checkbox"/> Fax or Mail <input type="checkbox"/> Email or Internet	Interviewer's Name: _____ Branch: _____