Business Application Kit



This application kit will help guide you to provide the necessary information we need to begin processing your loan application. We appreciate the opportunity to assist you and look forward to working with you.



OUR VISION

Together, we aspire to help each individual, each family and each business achieve their dreams.



Loan Application Checklist

This checklist has been provided to assist you through the process of gathering the necessary information to expedite your loan request. Complete information will be necessary to process your loan application.

Fo	rms	s to be completed:
	1.	Applicants Information Sheet.
	2.	Management Resume(s). Complete for all individuals defined in #3 below. Copy form as needed.
	3.	Personal Financial Statement(s). Complete for all major stockholders. A major stockholder
		is defined as anyone owning 20% or more of the corporation's stock. If company is a general
		partnership, all general partners must complete. All statements are to be dated the same date, not
		over 45 days old. Copy form as needed.
	4.	Business History/Plan. Complete forms. Please include any brochures, advertising materials or
		printed history of business, if available.
	5.	Business Debt Schedule. This schedule must be dated the same as the Interim Balance Sheet
		requested in #11 below and reflect all outstanding liabilities as shown in the Interim Balance Sheet.
	6.	Projected Operating Statement and Assumptions to the Projections.
	7.	Aging of Accounts Receivables and Payables. Complete if Applicable.
	8.	Credit Check Authorization. Please have each individual sign and date this authorization.
In	ade	lition places provide the followings
1111		dition, please provide the following:
	9.	Business Financial Statements and Tax Returns. Income statements, balance sheets, accounts
		payable and receivable (if applicable), and tax returns for the prior three fiscal year-ends. After
	4.0	photocopying financial statements and tax returns, re-sign in ink and affix current date.
	10.	
		applicable), and tax return of the most current fiscal year-end. After photocopying financial
		statements, re-sign in ink and affix current date. A person is an affiliate of concern if the person
	11	owns or controls or has the power to control 50 percent or more of the concern's voting stock.
	11.	Interim Business Financial Statement. Income statement, and balance sheets not more than 60
	12	days old. Personal Tay Potures. Complete federal toy returns and all attached schedules for the past three.
	1 has	Personal Tax Returns. Complete federal tax returns and all attached schedules for the past three
		(3) years on each individual defined in #3 above. After photocopying tax returns, re-sign in ink and affix current date.
	13.	Articles of Incorporation, Corporate Charter, Corporate Officer List, Fictitious Name
	15.	Statement, Business License, Partnership Agreement, Articles of Organization or Trust
		(whichever is applicable).
	14.	Verification of Liquid Assets entered on Personal Financial Statement and Interim Financial
	4.14	Statements. (Copy Bank or Brokerage Statements)
	15	Other



Applicant's Information Sheet

Company Name/DBA		1		13,2011116
Type of Business				
Business Address		¥		
				PhoneFax
Use of Proceeds Addre	ess (if differe	ent than busine	ss address)	
City				StateZip
				LLC Trust
Business Tax I.D.#			_	
Owner/Principle	es			
Names	<u>%</u>	Ownership/Tit	<u>le</u>	Social Security Number
1				
				_
				If so, please provide details.
Vesting if Real Estate	Purchase			
Current Bank Name/A	ddress			
Use of Proposed Loan			*	
l l				
How will this loan ben	efit your bus	siness?		
		1		
How many employees	do you have	?		
How many employees				



Applicant's Information Sheet

(continued)

The following section relates to your planned use for funds from this loan request. Please be as specific as possible. In those instances where funds are expected to be used in different ways, it is important to be accurate in breaking out anticipated expenditures by category. If you are using the "other" category below, please provide a complete description of the planned use.

Project Items	Project Cost
Land and Building Acquisition	\$
Land Acquisition	\$
Building Construction/Improvement	\$
Debt Refinance (copy of notes required)	\$
Business Acquisition (list of assets required)	\$
Machinery/Equipment Acquisition	\$
Inventory	\$
Furniture	\$
Fixtures	\$
Working Capital (include loan fees)	\$
Other	\$
Total Project Cost	\$
Less Borrowers Injection	\$
Total Loan Requested	\$
Source of Injection:	
Please provide the name of the person who referred you to Kirkwood Bank & Trus	t
List other Products/Services you are currently utilizing at your current bank.	



Management Resume

Please fill in all the spaces. Use full first, middle and last names, no initials. If an item is not applicable, please indicate so. You may include additional information on a separate exhibit; sign and date where indicated.

Name	Last	Social Security Number	er
Date of Birth	Place of	Birth	
Residence Phone			
Residence Address	s#		
Previous Address		*	
Lived there from	to		
Are you employed by the U.S. Govern	nment?	Agency/Position	
Are you a U.S. Citizen? Yes No If no, please	attach a copy of your a	llien registration card.	
Have you ever been arrested, charged involving a motor vehicle?			her than a misdemeanor
Yes No If yes, please	furnish details in a sep	parate exhibit.	
College or Technical Training Name and Location Da	ates Attended	Major	Degree/Certificate



Management Resume

Work Experience (start with most recent)

_To	Title
	Title
	Title
	_To



To: KIRKWOOD BANK & TRUST

If I have any questions regarding the completion of this form, I should contact my representative at the bank.

I may apply for a credit extension, loan or other financial accommodation alone or together with someone else, ("co-applicant"). If I apply with a co-applicant and our combined assets and debts can meaningfully and fairly be presented together, the co-applicant and I may complete this required statement and any supporting schedules jointly. Otherwise, separate forms and schedules are required.

APPLICANT	
Name	Social Security number
Address	
Telephone number	Date of Birth
Present employer	Position
Address	
	Loan purpose
CO-APPLICANT	
Name	Social Security number
Address	
	Date of birth
Present employer	Position
Address	
	Loan purpose

Round all amounts to the nearest \$100

Assets (assets you own) Amount Labilities (debts you owe) Amount Cash in lis bank: Checking C.D.s BRA Amount Labilities (debts you owe) BRA Amount Labilities (debts you owe) BRA Amount Contracts payable to banks (schedule 7) Installment contracts payable (schedule 7) Installment schedule 5) Installment schedule 5) Installment schedule 5) Installment schedule 5) Installment schedule 6) Installment sched	Date of evaluation			Attach se	eparate sheet if y	ou nee	d more space to complete	detail sc	hedule	
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\$ per \$ per						-				
\$ per							1000000			
TOTAL						Ψ	per			
							TOTAL			

SCHEDULE 3 SECU	IRITIES OWNE	:D														
No. shares or Bond amount	Description			In whose name(s) registered			Cost			Present Market Value			L-listed U-unlisted			
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SCHEDULE 4 LIFE	INSURANCE															
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									TOTAL							
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SCHEDULE 5 REAL	. ESTATE					,				1						
			6 % X	Monthly Cost						Present			Amount of			
Address and type of	property	Title in i	names(s) of		Income	Year				ash V	alue	-	Inst	ırance	Э	
Homestead						\$ Vaar								Ī		
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SCHEDULE 7 LOAN	VS PAYABLE E	TC.														
					Collateral or						Matu	rity		Un	paid	
To whom payable A		Address		Unsecured		How p	ayable	2		Date				lance		
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	APF	PLICANT			CO-	APPLICA	ANT	
Have I ever gone through bankruptcy or had a judgment against me?		Yes		No		Yes		No
Are any assets pledged or debts secured except as shown?		Yes		No		Yes		No
Have I made a will?		Yes		No		Yes		No
Number of dependents (if none, check "none")	-			None				None
Marital status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.)	Uni	Married Separat Unmarri married ii	ed ied	les single, dive		Married Separat Unmarri I, widowe	ed ied	
The foregoing statement, submitted for the purpose of obtaining creshows my/our financial condition at the time indicated. I/we will give substantial change in such financial condition occurring before discunderstand that you will retain this personal financial statement whe with which it is submitted. You are authorized to check my/our credinformation contained herein.	e you charge ether	prompt v o of my/o or not yo	vrittei ur ob ou ap	n notice of any ligations to yo prove the cred	y sub ou. I/w dit in	sequent ve connectio		
THE UNDERSIGNED CERTIFY THAT THE I FORM HAS BEEN CAREFULLY REVIEWED AND THAT							CTS.	
Date	My sigr	nature						
Date	Co-app	licant signat	ure (if	you are requesting	the fir	nancial acco	mmoda	tion iointly)



Business History

Please write about each of the business elements listed below. Include any brochures, advertising materials or printed history of the business if available. (Use separate attachments if necessary.)

Date Business Started:						
What kind of business is it? (construction, manufacturing, retailing, services, etc.)						
Products Or Services/Description Of Business Activity: f a manufacturer, describe products you plan to make. If you are a retailer, discuss the various types of goods to be sold. If you are a service business, describe the services offered.						
Sales/Marketing Activity: Who will or do you sell to? (retailers, wholesalers, the public)						
List your key customers.						
How are your sales made?						
Who are your suppliers and what are their credit sales terms?						
How do you determine the price of your products or services?						
How will or do you advertise? What promotional activities will you or do you conduct to generate sales?						



Business History (continued)

What advantage will or does your business have over your competitor's operation? Location: If a retail business, describe the area and the customer base. Describe your business location(s) advantages and disadvantages. Facilities: Describe the type and condition of the building, if applicable. What improvements are needed, if any?	Competition: Briefly list and describe your major competitors.					
Location: If a retail business, describe the area and the customer base						
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What improvements are needed, if any?	acilities: Describe the type and condition of the building, if applicable.					
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Business Debt Schedule

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Monthly Payment							- :		H		
Collateral Security			9.				•				
Maturity Date					1					, 20	Signature
Interest Rate											
Present Balance*										day of	
Original Date										wledge this	
Original Amount										the best of my knc	
Creditor Name & Address										This is certified correct to the best of my knowledge	

¹²

*Present Balance Total must agree with total shown on interim balance sheet.

Projected Operating Statement

Beginning Month / Year				Name	Name of Business	SS			
	1st 2nd Month Mor	3rd 1th Month	4th 5th Month Mon	6th th Month		8th 9th 10th 11th 12th Month Month Month Month	10th 1	11th 1:	Total
Gross Sales or Receipts					_				
Less: Cost of Goods Sold									
Gross Profit									
Less Expenses									
Accounting & Legal									
Advertising									
Bad Debts									
Depreciation									
Insurance									
Interest									
Rent									
Repairs & Maintenance									
Salaries & Wages (to others)									
Supplies									
Taxes & Licenses									
Other Expenses									
4									
Total Expenses									
Net Profit									
(Before Income Taxes and Debt Service)									
Projected Owner's Withdrawal									
Debt Service									
Net Profit Before Taxes				A.I.					
This is certified correct to the best of my knowledge this.	knowledge this		day of		, 20	ļ			
						Sig	Signature		



Aging Of Accounts Receivables And Payables

You may substitute a computer generated report on Accounts Receivable and Payable Aging rather than complete this form. Please note, date of agings must match current or most recent business balance sheet.

61-90 days 91-180 days Over 180 days Total	
61-90 days	,
91-180 days Over 180 days Total	
Over 180 days	
Total	
Total	
As of Date	
Terms Offered on Account	_
Terms Received on Account	
SignedDate	



Credit Check Authorization

I/We the undersigned, hereby authorized Kirkwood Bank & Trust to make any credit inquiries that the bank may deem necessary, in connection with our application for a business loan. This authorization also applies to inquiries regarding employment history, bank accounts, and follow-up credit inquiries/checks that the Bank may deem necessary in the future, in connection with the servicing of our loan. This form may be duplicated in the event a facsimile signature is required by any third party provider.

BORROWER

Company Name	Signature	Title	Date of Birth
Company Tax ID Number	Signature	Title	Date of Birth
Company Address	Signature	Title	Date of Birth
City, State, Zip			
GUARANTORS			
Printed Name	Signature	Date of Birth	
Physical Address	City, State, Zip	Social Security Number	
Printed Name	Signature	Date of Birth	
Physical Address	City, State, Zip	Social Security Number	
Printed Name	Signature	Date of Birth	
Physical Address	City, State, Zip	Social Security Number	

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you.

We will also ask for copies of your driver's license or other identifying documents.



NOTES:				
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If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Kirkwood Bank & Trust at an address or phone number found on the back of this packet within 60 days from the date you are notified of our decision. We will send you a written statement of reason for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut St., Box #11, Kansas City, MO 64106.



When it matters.

Bismarck

North Bank

2911 N 14th Street Bismarck, ND 58503 t: 701.258.6550 tf: 800.492.4955 f: 701.258.7436

South Bank

905 Tacoma Avenue Bismarck, ND 58504 t: 701.355.5354 tf: 800.492.4955 f: 701.355.5380

Dickinson

221 First Avenue West Dickinson, ND 58601 t: 701.483.1962 tf: 866.918.8074 f: 701.483.8225

Downtown Bank

122 East Main Avenue Bismarck, ND 58501 t: 701.355.2111 tf: 800.492.4955 f: 701.258.3151



