

BUSINESS INFORMATION

NAME(s): _____

INDIVIDUAL PROPRIETORSHIP
PARTNERSHIP CORPORATION
LLC OTHER: _____

TAX ID NO: _____

SIC CODE: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

FAX: _____

CELL: _____

E-MAIL: _____

PRINCIPALS

NAME: _____
ADDRESS: _____

SS #: _____
PHONE (H): _____
PHONE (W): _____

EMAIL: _____

NAME: _____
ADDRESS: _____

SS #: _____
PHONE (H): _____
PHONE (W): _____

EMAIL: _____

NAME: _____
ADDRESS: _____

SS#: _____
PHONE (H): _____
PHONE (W): _____

EMAIL: _____

NAME: _____
ADDRESS: _____

SS#: _____
PHONE (H): _____
PHONE (W): _____

EMAIL: _____

LOAN REQUEST

AMOUNT: \$ _____ LOAN TYPE: _____

LOAN PURPOSE

LOAN TERMS

Real Estate Loans: To your knowledge, have any claims been filed against your flood insurance carrier for this property? Yes No

Real Estate Loans: To your knowledge, are there recognized environmental concerns associated with this property? Yes No

The undersigned hereby declares the financial information submitted with the application is true and correct. I (we) hereby authorize Grand Bank to verify all credit and financial information, and to obtain references from our creditors. It is understood by all parties that these loan funds are to be used solely for business purposes and are not subject to any consumer regulation.

I (we) fully understand that it is a federal crime punishable by fine or imprisonment to knowingly make false statements concerning any of the above facts. I (we) further acknowledge receipt of a statement of my (our) right to receive upon request written notification of denial, and the reasons for that declination.

Name Title Date

Name Title Date

Name Title Date

Name Title Date



**RIGHTS TO WRITTEN NOTIFICATION OF DENIAL
GRAND BANK, N.A.
ONE EDINBURG ROAD
HAMILTON, NJ 08619**

IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASON(S) FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT:

**LOAN DEPARTMENT
GRAND BANK, N.A.
ONE EDINBURG ROAD
HAMILTON, NJ 08619
(609) 631-0540**

WITHIN SIXTY (60) DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN THIRTY (30) DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST 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 IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT 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:

**COMPTROLLER OF THE CURRENCY
CONSUMER EXAMINATIONS DIVISION
WASHINGTON, DC 20219**

CUSTOMER COPY

