



COMMUNITY FEDERAL
SAVINGS BANK
www.CFSB.com

CRE C&I Bridge DATE: ___/___/___ APP. NO.: _____

COMMERCIAL CREDIT APPLICATION

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APPLICANT INFORMATION

Business Name: _____

BUSINESS ADDRESS:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Tax Payer ID #: _____

Fax Number: _____ Email Address: _____

BUSINESS STRUCTURE:

- Corporation General Partnership Limited Liability Company Other
 Not-for-Profit Corporation Limited Partnership Proprietorship _____

Organized in the State of: _____ Number of Employees: _____ Annual Sales: \$ _____

Type of Business: _____

NAICS/SIC Code: _____ Year Established: _____ Tenure of Current Management: _____

Affiliates / Subsidiaries: _____

PRINCIPLES / GUARANTORS

1. Name: _____ Title: _____

Address: _____

SS #: _____ Phone: _____

2. Name: _____ Title: _____

Address: _____

SS #: _____ Phone: _____

3. Name: _____ Title: _____

Address: _____

SS #: _____ Phone: _____

CREDIT REQUEST

Amount of loan: \$ _____ Proposed term of loan: _____

Purpose of loan: _____

Primary source for repaying the loan: _____

Secondary source for repaying the loan: _____

Collateral the will secure the loan: _____

LOAN TYPE:

- Line of Credit:** Short term working capital, inventory financing.
 Owner Occupied Commercial Mortgage: For acquisition, construction, expansion and improvement of owner occupied real estate.
 SBA: Term financing guaranteed by the U.S. Small Business Administration.
 Term Loan: To purchase machinery and equipment and finance permanent working capital.
 Commercial Mortgage: For acquisition, construction, or improvement of investment or multi-family property.



BANKING & FINANCIAL INFORMATION

BUSINESS DEPOSIT ACCOUNTS:

Bank or Financial Institution: _____ Type: _____

Account Number: _____ Balance: \$ _____

Contact: _____ Phone Number: _____

Bank or Financial Institution: _____ Type: _____

Account Number: _____ Balance: \$ _____

Contact: _____ Phone Number: _____

Bank or Financial Institution: _____ Type: _____

Account Number: _____ Balance: \$ _____

Contact: _____ Phone Number: _____

BUSINESS LOANS / OBLIGATIONS / LEASES:

Creditor: _____

Monthly Payment: \$ _____ Balance: \$ _____ Maturity: _____

Contact: _____ Phone Number: _____

Secured by: _____ Guaranteed by: _____

Creditor: _____

Monthly Payment: \$ _____ Balance: \$ _____ Maturity: _____

Contact: _____ Phone Number: _____

Secured by: _____ Guaranteed by: _____

Creditor: _____

Monthly Payment: \$ _____ Balance: \$ _____ Maturity: _____

Contact: _____ Phone Number: _____

Secured by: _____ Guaranteed by: _____

BUSINESS TRADE CREDITORS / REFERENCES:

Business Name: _____

Address: _____

Contact: _____ Phone Number: _____

Business Name: _____

Address: _____

Contact: _____ Phone Number: _____

Business Name: _____

Address: _____

Contact: _____ Phone Number: _____

BUSINESS LOCATIONS

OWNED LEASED / RENTED

Chief Executive Office Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mortgage Holder: _____ Monthly Payment: \$ _____ Balance: \$ _____

Second Mortgage Holder: _____ Monthly Payment: \$ _____ Balance: \$ _____

OWNED LEASED / RENTED

Chief Executive Office Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mortgage Holder: _____ Monthly Payment: \$ _____ Balance: \$ _____

Second Mortgage Holder: _____ Monthly Payment: \$ _____ Balance: \$ _____

OWNED LEASED / RENTED

Chief Executive Office Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mortgage Holder: _____ Monthly Payment: \$ _____ Balance: \$ _____

Second Mortgage Holder: _____ Monthly Payment: \$ _____ Balance: \$ _____

ACCOUNTS RECEIVABLE AGING

Listing as of: ____ / ____ / ____ (DD/MM/YYYY)

\$ _____ = \$ _____ + \$ _____ + \$ _____ + \$ _____
 Total Current > 30 Days >60 Days >90 Days

Customers making up 10% or more of Gross Revenue:

1. Contact Name: _____ Annual Sales: \$ _____
 Email Address: _____ Phone: _____
 Address: _____

2. Name: _____ Annual Sales: \$ _____
 Email Address: _____ Phone: _____
 Address: _____

3. Name: _____ Annual Sales: \$ _____
 Email Address: _____ Phone: _____
 Address: _____



BUSINESS SERVICE PROFESSIONALS

INSURANCE:

Insurance Company: _____ Type of Insurance: _____

Contact: _____ Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

ACCOUNTANT:

Firm: _____

Contact: _____ Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

ATTORNEY:

Firm: _____

Contact: _____ Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

MISCELLANEOUS

Please provide details if you answer "Yes" to any of the following questions:

Is the Applicant an endorser, guarantor or co-maker for obligations (including any lease obligation, e.g., vehicle, equipment, lease of business location) not listed on its financial statements? YES NO Amount \$ _____

Does the Applicant have any outstanding letters of credit or surety bonds? YES NO Amount \$ _____

Is the Applicant or any proposed guarantor a party to any lawsuit or subject to any outstanding judgment? YES NO Amount \$ _____

Has the Applicant or any proposed guarantor ever declared bankruptcy? YES NO

If Yes, specify: Name of Debtor: _____ Chapter: _____ Date of Filing: _____

Are any of the Applicants or any proposed guarantor's taxes past due? YES NO

If Yes, specify: Amount \$ _____

Owed to: _____ Owed by: _____

Are any assets of the Applicants or proposed guarantor pledged or mortgaged other than as stated on the business and personal financial statements submitted? YES NO Are any payments late? YES NO

Has any proposed guarantor ever served as an officer or manager in a company that declared bankruptcy? YES NO

If Yes, specify: Company name: _____

State where filed: _____ Approximate date: _____



GENERAL CONDITIONS

Authorization: Each party signing this application (each a "Signer and together the "Signers") authorizes Community Federal Savings Bank (the "Bank") to obtain a credit report, and request, verify and review all information that the Bank in its sole discretion deems relevant or otherwise appropriate as to the Applicant or any of its principals and guarantors, in connection with this application or any future review, update, extension, renewal or modification of any credit extended to the Applicant by the Bank as a result of this application, or in connection with the Bank's collection efforts relating to any such credit. Each Signer authorizes the Bank to give credit information about such Signer to any third party requesting such information. Upon request, the Bank will advise any Signer as to whether the Bank has ordered a credit report as to such Signer, and, if the Bank has done so, the name and address of the credit reporting agency providing the credit report. To request such information, any Signer should call or write the Bank's office to which this application is being submitted.

Fee Agreement: Each Signer understands that the Bank's application, appraisal, environmental audit and documentation and other closing fees, as well as any periodic credit review fees, are non-refundable and that the Applicant is responsible for all expenses associated with, among other things, any applicable mortgage taxes or any required mortgagee title, property, liability, flood or other insurance. Each Signer agrees that such Signer is jointly and severally responsible with all other Signers for the payment and reimbursement upon demand of all expenses that the Bank may incur at any time in connection with (1) obtaining title, Uniform Commercial Code, judgment, tax lien and other searches, certificates and reports, (2) the recording or filing of documents and (3) any other matter relating to the extension of any credit to the Applicant or the Bank's endeavoring to collect any such expenses from any Signer, including, without limitation, the Bank's attorneys' fees and disbursements with respect to anything described in this sentence.

Mortgage Appraisals: Each Signer understands that if such Signer offers any real estate as collateral for any credit being applied for, such Signer is responsible for the cost of any appraisal required by the Bank in connection with any such real estate. Such Signer is entitled to a copy of any such appraisal and, in order to obtain it should mail a written request to Community Federal Savings Bank, 5 Penn Plaza, 14th Floor, New York, NY 10001, within 90 days after the date such Signer is notified of the Bank's action on this application or withdraws this application.

Certification: Each Signer certifies that the information provided in this application is true and correct as of the date specified beside such Signer's signature below. Each Signer acknowledges that any misrepresentation, whether intentional or negligent, in this application may result in civil liabilities and criminal penalties, including fine and imprisonment or both, pursuant to 18 U.S. Code § 1014, as well as liability for monetary damages to the Bank and to all agents, assigns and insurers of the Bank, and any others, who or that suffer any loss or damages as a result of any such misrepresentation.

Continuing Statement: Each Signer will notify the Bank immediately if there is any material change in any of the information given in this application as to such Signer or in any financial statement regarding such Signer supplied to induce the Bank to extend credit to the Applicant, whether now or in the future. The Bank may treat this application as a continuing certified statement of the financial condition of each Signer, upon which the Bank may rely in extending any present or future credit to the Applicant, except, as to any such future credit, to the extent that any such statement is updated in a notice given to the Bank by such Signer before such future credit is extended.

Bank Office: _____ Contact: _____

Business Name: _____

X _____ Date

Principal/Guarantor Signature

X _____ Date

Principal/Guarantor Signature

X _____ Date

Principal/Guarantor Signature