 BUSINESS CHECKING OVERDRAFT LINE OF CREDIT APPLICATION

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| This application cannot be processed without the Business Tax ID number, each owner’s social security number(s), business name and the physical address of the business. | Please submit **executed** copies of your Federal Business Returns covering the most recent two-year period. |
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| 1. BUSINESS INFORMATION (Please complete all areas of this section) |

Legal Name of Business – **required\*** Business Phone Tax ID – **required\***

Business Address (No P.O. Boxes) City State Zip

Mailing Address (if different) City State Zip

Time in Business – **required\*** Gross Annual Revenue Net Income Fiscal Year End No. of Employees

Existing Customer with Schuyler Savings Bank? 🞎 Yes 🞎 No

Business Description – **required\***:Business Type:

🞎 Construction 🞎 Real Estate 🞎 Agriculture 🞎 Sole Proprietorship 🞎 Limited Liability Company

🞎 Services 🞎 Retail Trade 🞎Wholesale Trade 🞎 Partnership 🞎 Corporation

🞎 Manufacturing 🞎 Trucking 🞎 Other 🞎 Other

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| 2. CREDIT REQUEST |

Business Overdraft Line of Credit ($1,000 - $20,000): $

Business Checking Account Number to attach OD/LOC: DDA #

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| 3. DECLARATIONS |

Are you or is your business a party to, threatened with any claim or lawsuit? 🞎 Yes 🞎 No

Have you or has any business that you owned or operated ever declared bankruptcy? 🞎 Yes 🞎 No

Do you or does your business owe any taxes for years prior to the current year? 🞎 Yes 🞎 No

Has the business incurred a loss in any of the last 3 years? 🞎 Yes 🞎 No

Has the business been at its present location for at least 3 years? 🞎 Yes 🞎 No

Is the business under any agreement that would change the ownership or location of the business? 🞎 Yes 🞎 No

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| 4. PRINCIPAL OWNERS/GUARANTORS – Company Owners 20% or More and Other Guarantors (Use Additional Sheets if Needed) |

**1**. Principal/Owner/Guarantor Title Gross Personal Income\* Source of Income

Home Address City State Zip

Phone Date of Birth Social Security Number – **required\*** % of Business Owned

Driver’s License # State Date Issued: Expiration Date Email

**2**. Principal/Owner/Guarantor Title Gross Personal Income\* Source of Income

Home Address City State Zip

Phone Date of Birth Social Security Number – **required\*** % of Business Owned

Driver’s License # State Date Issued: Expiration Date Email

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

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| 5. SIGNATURES: PLEASE READ BEFORE SIGNING |

In the following paragraph, the words “I, me, and my” refer to all persons signing below.

By signing below, I certify that I will be personally liable for the debt and authorize Schuyler Savings Bank to make any credit, employment or investigative inquiry that the Bank deems appropriate for the extension of credit or the collection of amounts owed to the Bank. The Bank can furnish information concerning this account to consumer reporting agencies and others who may properly receive that information. I further certify that the credit being applied for will be used for business purposes.

I represent and warrant that I am duly authorized to execute and enter into this application for the applicant. All statements and all financial information provided as part of this application is correct to the best of my knowledge.

X

SIGNATURE: ON COMPANY’S BEHALF AND INDIVIDUALLY AS GUARANTOR

PRINT NAME: DATE

TITLE 🞎 OWNER 🞎 PARTNER 🞎 PRESIDENT 🞎 VICE PRESIDENT 🞎 TREASURER

X

SIGNATURE: ON COMPANY’S BEHALF AND INDIVIDUALLY AS GUARANTOR

PRINT NAME: DATE

TITLE 🞎 OWNER 🞎 PARTNER 🞎 PRESIDENT 🞎 VICE PRESIDENT 🞎 TREASURER

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| FOR BANK USE ONLY |
| BRANCH | DATE RECEIVED | TAX RETURNS RECEIVED | CREDIT SCORES | DATE APPROVED/DECLINED | AMOUNT APPROVED |