



**BANGOR SAVINGS BANK  
BUSINESS COMPLETE OVERDRAFT PROTECTION  
LOAN APPLICATION**

APP ID # \_\_\_\_\_

BUSINESS INFORMATION				
Legal Name of Business Applicant		Business Phone Number ( )	Federal Tax ID# <b>(Required)</b>	
DBA (if applicable)		Email Address		
Company Address (No P.O. Boxes)		City	State	Zip
Mailing Address (if different)		City	State	Zip
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S. Corp. <input type="checkbox"/> C. Corp. <input type="checkbox"/> Non-Profit				
Description of Business <b>(REQUIRED)</b>				
Organized In which State?	Gross Annual Sales/Revenue <b>(Required)</b>	Annual Net Income <b>(Required)</b>	Interest	Depreciation
Date Business Established	Date Business Purchased	Total Employees	Existing Customer with Bangor Savings Bank <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average Checking Account Balance \$	Bank Where Account is Held	Savings Account Balance \$	Bank Where Account is Held	
Outstanding Business Loans, Including Those With Bangor Savings Bank: (Use Additional Sheets if Needed)				
Lender	Type of Loan	Current Balance	Monthly Payment	Secured By

CREDIT REQUEST	
Business Complete (Overdraft Protection \$2,500 - \$10,000)	\$
Business Complete Checking Account Number to attach ODP	DDA #

DECLARATIONS	
Are you or is your business a party to, or threatened with any claim or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or has any business that you owned or operated ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or does your business owe any taxes for years prior to the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business incurred a loss in any of the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business for sale or under agreement that would change the ownership of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this Business Applicant have any other credit applications pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL FINANCIAL INFORMATION – Company Owners 20% or More and Other Guarantors (Use Additional Sheets if Needed)						
<b>1</b>	Name	Title	% of Business Owned	Home Telephone ( )	Social Security Number	Date of Birth
Drivers License # <b>(Required)</b>		State:	Occupation	Date Issued:	Expiration Date:	
Physical Street Address (No P.O. Boxes)			City	State	Zip	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Years With Employer	Will You Continue With This Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Annual Income *	Total Personal Assets	Cash and Investments	Personal Liabilities	If Homeowner: Market Value	Total Mortgage Balance	Mortgage Payment
\$	\$	\$	\$	\$	\$	\$
<i>*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</i>						
<b>2</b>	Name	Title	% of Business Owned	Home Telephone ( )	Social Security Number	Date of Birth
Drivers License # <b>(Required)</b>		State:	Occupation	Date Issued:	Expiration Date:	
Physical Street Address (No P.O. Boxes)			City	State	Zip	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Years With Employer	Will You Continue With This Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Annual Income *	Total Personal Assets	Cash and Investments	Personal Liabilities	If Homeowner: Market Value	Total Mortgage Balance	Mortgage Payment
\$	\$	\$	\$	\$	\$	\$
<i>*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</i>						

**AUTHORIZATIONS AND NOTIFICATIONS**

By signing below, each principal, owner, guarantor, or co-borrower that will be personally liable for the debt, hereby authorizes Bangor Savings Bank to make or have made on each and any of them any credit, employment or investigative inquiry that the bank determines appropriate for the extension of credit or the collection of amounts owed to the Bank. The Bank can furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. If I ask, I will be informed whether or not a consumer report was requested, and if a report was requested, I will be informed of the name and address of the consumer-reporting agency that furnished the report. I further certify that the credit being applied for will be used for business purposes.

If property is used as collateral, it must be insured on the day of closing. The amount of insurance coverage must be equal to the lesser of the insurable value or the loan amount. You have the right of free choice in the selection of the agent and insurer through or by which the insurance is to be placed. If an appraisal is required, you have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at P O Box 930, Bangor ME 04402-0930 Attn: Loan Originations. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institution to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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

**COMPANY AND GUARANTOR SIGNATURES - (Please sign both places)**

Company Authorized Signer	Title	Date
Guarantor #1	Guarantor #2	

BANK USE ONLY		
Lender Name (print or type):	Date Received by Lender:	Lender's Phone Extension: