

Notice to Sole Proprietors: You may apply for credit in your name alone, regardless of marital status.
 Instruction: This application must be filled out completely.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires the institutions to obtain, verify, and record information that identifies each person who opens an account/loan. What this means: We may also ask to see your driver's license, passport, or other identifying information.

Notice of Joint Intent: If this is an application for joint credit with another entity/person, please indicate below:

We intend to apply for joint credit :

Business Applicant _____
 (initials)

Business Co- Applicant _____
 (initials)

| | | | |
|--|-------------------------------|--|---|
| TYPE REQUESTED <input type="checkbox"/> LOAN <input type="checkbox"/> LINE <input type="checkbox"/> OTHER <input type="checkbox"/> UNSECURED <input type="checkbox"/> SECURED <input type="checkbox"/> COLLATERAL _____ GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO | AMOUNT REQUESTED _____ | TERM REQUESTED <input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YRS <input type="checkbox"/> 3 YRS <input type="checkbox"/> 4 YRS <input type="checkbox"/> 5 YRS <input type="checkbox"/> OTHER: _____ | PURPOSE OF LOAN/LINE: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PURCHASE INVENTORY <input type="checkbox"/> CARRY RECEIVABLES <input type="checkbox"/> TRADE FINANCE <input type="checkbox"/> PURCHASE EQUIPMENT <input type="checkbox"/> OTHER BUSINESS PURPOSE: _____ |
|--|-------------------------------|--|---|

BUSINESS APPLICANT INFORMATION (Attach a separate sheet if necessary)

| | | | |
|--|------------------|--------------------------------|--|
| LEGAL NAME OF BUSINESS APPLICANT | BUSINESS PHONE | TAX ID NUMBER | DATE BUSINESS ESTABLISHED MO _____ YR _____ |
| DBA (if applicable) | NO. OF EMPLOYEES | TYPE OF BUSINESS | |
| KEY CONTACT - BUSINESS TITLE OR POSITION | | UNDER CURRENT MANAGEMENT SINCE | |
| BUSINESS STREET ADDRESS | CITY | STATE | ZIP CODE |
| MAILING ADDRESS (if different) | CITY | STATE | ZIP CODE |
| <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other _____ | | | |

PERSONAL INFORMATION ON OWNERS AND GUARANTORS (Attach a separate sheet if necessary)

| | | | |
|--|---------------|-------|-------------|
| NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR | EMAIL ADDRESS | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| POSITION | PHONE NO. | SSN | % OWNERSHIP |
| NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR | EMAIL ADDRESS | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| POSITION | PHONE NO. | SSN | % OWNERSHIP |
| NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR | EMAIL ADDRESS | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| POSITION | PHONE NO. | SSN | % OWNERSHIP |

BUSINESS APPLICANT FINANCIAL RELATIONSHIPS (Attach a separate sheet if necessary)

| | | | |
|---|----------------|-----------------|-----------------|
| BANK | ACCOUNT NUMBER | CURRENT BALANCE | AVERAGE BALANCE |
| ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS | | | |
| BANK | ACCOUNT NUMBER | CURRENT BALANCE | AVERAGE BALANCE |
| ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS | | | |

CURRENT BUSINESS LOANS/LINES, Provide details of your business credit relationships (Attach a separate sheet if necessary)

| NAME OF CREDITOR | LOAN TYPE Sec/Unsec/other | DATE OF ORIGATION | ORIGINAL AMOUNT | REMAINING BALANCE | MONTHLY PAYMENT | MATURITY DATE |
|------------------|------------------------------|-------------------|-----------------|-------------------|-----------------|---------------|
| | | | | | | |
| | | | | | | |

GENERAL BUSINESS PROFILE (Attach a separate sheet if necessary)

DESCRIBE PRODUCT, SERVICE, OR BUSINESS OPERATION, PROVIDE SAMPLES OF COMPANY BROCHURES, AS APPLICABLE:

MANAGEMENT SUCCESSION: INDICATE NAME(S) OF SUCCESSOR(S) TO CURRENT COMPANY MANAGEMENT:

COMPANY SALES INFORMATION: STEADY SEASONAL INCREASING DECREASING Annual sales for last fiscal year-end
\$ _____

IF INCREASING / DECREASING, EXPLAIN:

IF SEASONAL, DESCRIBE PEAK MONTHS:

LIST MAJOR CUSTOMERS:

YES NO HAVE THERE BEEN ANY RECENT CHANGES IN COMPANY OWNERSHIP OR MANAGEMENT?
 YES NO HAVE THERE BEEN ANY RECENT PRODUCT LINE ADDITIONS OR CHANGES?
 YES NO IS THERE ANY FUTURE EXPANSION PLANNED?
 YES NO ARE ANY FUTURE CONSOLIDATIONS PLANNED?
 YES NO ARE ANY NEW LOCATIONS OR RELOCATIONS PLANNED?
 YES NO HAVE THERE BEEN ANY MAJOR CHANGES IN OPERATING RESULTS?
 YES NO ARE ACCOUNTS RECEIVABLE ON INVENTORY CURRENTLY PLEDGED AS COLLATERAL?
 YES NO IS THE BUSINESS AN ENDORSER, GUARANTOR OR CO-MAKER FOR OBLIGATIONS NOT LISTED ON ITS FINANCIAL STATEMENTS?
 IF YES, INDICATE TOTAL CONTINGENT LIABILITY. \$ _____
 YES NO IS THE BUSINESS OR GUARANTORS, A PARTY TO ANY CLAIM OR LAWSUIT?
 YES NO HAS THE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY?
 IF YES TO ANY OF THE ABOVE QUESTIONS, EXPLAIN:

MARIJUANA RELATED BUSINESS (MRBs)

YES NO Will the Business be involved in medical and/or recreational marijuana business of any kind?

HOW DID YOU HEAR ABOUT US?

- Social Media Online Ads TV Ad Real Estate Agent Broker
 Newspaper Radio Ads Employee Referral Other: _____

Signatures (Attach a separate sheet if necessary)

The Applicant/Guarantor named above certifies that all information provided is complete, true and correct and authorizes PromiseOne Bank to obtain credit reports, including consumer credit reports, to check the credit rating of the Applicant/Guarantor. Applicant/Guarantor authorizes the references indicated herein to release credit information to PromiseOne Bank. Applicant/Guarantor authorizes PromiseOne Bank to give information regarding the bank's credit experience with Applicant/Guarantor to other persons, including credit reporting agencies, if this credit is granted.

Each person signing below for the Applicant certifies that he/she is signing on behalf of the Applicant in the capacity indicated next to the signer's name that such signer is authorized to execute this Business Credit Application on behalf of the Applicant.

Disclosure of Right to Receive a Copy of Residential Appraisal

We may order an appraisal to determine a **Residential property's value** and charge you for this appraisal. We will promptly give you a copy of any **residential appraisal**, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost. We will request your signature upon receipt of the **Residential appraisal**.

| | | |
|--------------------------------|--------------------|------|
| APPLICANT/GUARANTORS SIGNATURE | PRINT NAME & TITLE | DATE |
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PromiseOne Bank

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 PROMISEONE BANK at 2400 Pleasant Hill Rd, Suite 340, Duluth, GA 30096 (Attn: Loan Department), within 60 days from the date you are notified of your decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Or contact loans@promiseone.bank

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 the Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106 R03/2020