

# Commercial Loan Application

## PERSONAL INFORMATION

APPLICANT (NAME)				CO-APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. Years With Employer	Title/ Position		Business Phone No.	No. Years With Employer	Title/ Position	
Name of previous employer & position (if with current employer less than 3yrs.)			No. of Yrs.	Name of previous employer & position (if with current employer less than 3yrs.)			No. of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.		Date of Birth	Home Phone No.	Social Security No.		Date of Birth
Name, Phone No. of your Accountant				Name, Phone No. of your Accountant			
Name, Phone No. of your Attorney				Name, Phone No. of your Attorney			
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your Insurance Advisor				Name, Phone No. of your Insurance Advisor			

### Cash Income & Expenditure Statement For Year Ended \_\_\_\_\_

(Omit Cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	
State Federal Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Mortgage Payments	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses (List)	
TOTAL EXPENDITURES	

Any significant changes expected in the next 12 months?  Yes  No (If yes, attach information.)

\*\* Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as basis for repaying this obligation.

Balance Sheet as of \_\_\_\_\_

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in this Financial Institution (investment certificates)		Notes Payable to this Financial Institution	
		Secured	
Cash in Other Financial Institutions (list including money market accounts, CDs)		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
Readily Marketable Securities (schedule A)		Margin Accounts	
Non-Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Accounts and Notes Receivable		Taxes Payable	
Net Cash Surrender Value of Life Insurance (Schedule B)		Mortgage Debt (Schedule C)	
Residential Real Estate (Schedule C)		Life Insurance Loans (Schedule B)	
Real Estate Investments (Schedule C)		Other Liabilities (List):	
Partnerships / PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accounts			
Deferred Income (number of years deferred )			
Personal Property (including automobiles)			
Other Assets (List):			
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Would you have an estimated tax liability if you were to sell your major assets?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes for any of the above, give details:			

Schedule A - All securities (including non-money market mutual funds)							
No. of Shares (Stock) or Face Value (Bonds)	Description	Owner (s)	Where Held	Cost	Current Market Value	Pledged	
						YES	NO
Readily Marketable Securities (including U.S. Governments and Municipals)*							
Non-Readily Marketable Securities (closely held, thinly traded, or restricted stock)							

\* If not enough space, attach a separate schedule or brokerage statement and enter totals only.



Please Answer The Following Questions:

Income tax returns filed through (date): \_\_\_\_\_ Are any returns currently being audited or contested?  Yes  No

If yes, what year(s)? \_\_\_\_\_

Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?  Yes  No

If yes, please provide details: \_\_\_\_\_

Have you drawn a will?  Yes  No

If yes, please furnish the name of the executor(s) and year will was drawn: \_\_\_\_\_

Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_

Have you ever had a financial plan prepared for you?  Yes  No

Did you include two years federal and state tax returns?  Yes  No

Do (either of) you have a line of credit or unused credit facility at any other institution(s)?  Yes  No

If so, please indicate where, how much, and name of banker: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you anticipate any substantial inheritances?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Representation and Warranties**

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to **perform its (or their) obligations to you**. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer-reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature (If you are requesting the financial accommodation jointly)

## CREDIT AUTHORIZATION FORM

BY MY SIGNATURE BELOW I AUTHORIZE SINGER FINANCIAL CORP. to obtain a Consumer Credit Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax to: 1-215-893-9725**

**or mail to:**

**Paul Singer**

**1708 Locust St.**

**Philadelphia, PA 19103**

## CREDIT AUTHORIZATION FORM

BY MY SIGNATURE BELOW I AUTHORIZE SINGER FINANCIAL CORP. to obtain a Consumer Credit Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax to: 1-215-893-9725**

**or mail to:**

**Paul Singer**

**1708 Locust St.**

**Philadelphia, PA 19103**