



Emerald

BANK
of Dublin

6215 Perimeter Drive
Dublin, OH 43017
Phone: 614.793.4631
Fax: 614.793.8922

Business Purpose Credit Application

Business Name: _____

Street Address: (street, city, state, zip, county) _____

Telephone Number (voice, fax) _____

eMail Address: _____

Federal Tax ID: _____

Business Type: (check one) C Corp. S Corp. LLC Partnership Proprietorship

What does the business do? _____

Amount Requested: _____

For how long? _____

Use of the loan proceeds? _____

Collateral: _____

Who holds title to the collateral? _____

Business Ownership: (Name and percentage of ownership) _____

Are there any judgements against the company? (if so who and for what) _____

Has the company ever been declared bankrupt? (if yes, when) _____

I certify that everything in this application and any attachments, including financial information is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my personal credit, the credit of my company, my employment history and to answer questions others may ask you about my credit and the company's credit with you. I understand that I must update credit information when it changes. You may retain any documents provided to you by me (us).

The Ohio Laws against discrimination requires that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts applicable under of Title 18, United States Code, Sections 1014.

Company: _____

By: _____

Title: _____

Date: _____

Company: _____

By: _____

Title: _____

Date: _____

Bank Use Only

Approved () _____ Declined () _____ Date: _____ () LAR _____