



5990 Highway 51, P.O. Box 7, McFarland, WI 53558
Phone: 608-838-3141 Fax: 608-838-4450 www.msbonline.com

BUSINESS CREDIT APPLICATION

Please read each section carefully. Provide current and timely information on all items requested. If you have any questions, contact a lender rather than submitting an incomplete application.

LOAN REQUEST

Requested Loan Amount: _____
Purpose of Loan: _____
Collateral for Loan: _____
Owner(s) of Collateral: _____

APPLICANT INFORMATION

Legal Name of Business/Company/Individual(s): _____
Applicant: _____
Co-Applicant: _____

We intend that our application be for joint credit.

Address Street: _____
City: _____ County: _____
State: _____ Zip Code: _____

Contact Information Business Phone: _____ Alternate Phone: _____
Fax Number: _____ Email: _____

Entity Information Type of Entity: (Check one)
 S-Corporation C-Corporation
 Limited Liability Company Limited Liability Partnership
 Partnership Sole Partnership
 Individual Estate
 Trust

Employer Tax ID Number: _____
If applicant is an individual, proprietorship or partnership:
Name(s): _____ Social Security Number(s): _____

Name of Owner(s) and Percentage of Ownership (Must equal 100%):

_____ %
_____ %
_____ %
_____ %

Name(s) of Officers/Members/Managers of Entity:

Title:

Have you or any officer/partner/member of the company been involved in bankruptcy or insolvency proceedings?

Yes If yes, provide details: _____
 No _____

Are you or the company involved in any pending lawsuits?

Yes If yes, provide details: _____
 No _____

FINANCIAL INFORMATION

Company

Provide fiscal year-end financial statements (balance sheet, income statement, reconciliation of net worth and cash flow) for the last three years, and tax returns with all schedules.

(IF NONE PROVIDED, LOAN APPLICATION WILL NOT BE PROCESSED.)

Provide current business financial statements not less than 90 days old.

Gross Annual Revenue for the year preceding the date of application: _____

Personal

Provide a current personal financial statement and tax returns with all schedules for the last three years of all individuals owning 20% or more of the business.

(IF NONE PROVIDED, LOAN APPLICATION WILL NOT BE PROCESSED.)

ACKNOWLEDGEMENT

Is this application in response to a solicitation from McFarland State Bank? Yes No

Applicant Company Name: _____ (Seal)

Signature/By: _____ Date: _____

Title: _____

Co-Applicant Company Name: _____ (Seal)

Signature/By: _____ Date: _____

Title: _____

FOR LENDER USE

Received by: _____ Date: _____

Circle One: In Person Telephone E-mail