



# LEGACY BANK BUSINESS CREDIT APPLICATION

I certify that this application is for:

\_\_\_\_\_ individual credit -- without a co-borrower or guaranty of another person or entity\*  
\_\_\_\_\_ joint credit -- with a person or entity who will also be contractually liable

Any future unwritten loan requests will be on the same application basis (either individual or joint) unless the bank is notified in writing prior to or at the time of the new application.

Please initial:    Applicant \_\_\_\_\_  
                          Co-applicant \_\_\_\_\_

\* In the event Borrower(s) has previous credit with Lender whereby a Guarantor(s) was required, Borrower(s) is requesting the continuing Guaranty(ees) be considered for this loan application unless this box is checked:

## Tell us about your business

Applicant Name and Business Address	Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC
Social Security or Tax I.D. Number:	Email Address:
Brief Description of Business:	Ownership of Business:

Officers or Principals			
Name:	Title:	Home Address:	Home and Cell Phone Number:

## Tell us about your loan need

Purpose of Loan:	Amount of Loan Requested:
Requested Payment Terms:	Sources of Funds to Repay Loan:
Description of Collateral Offered:	

**Tell us about your banking references**

Our Principal Financial Institution is:	Other Financial Institutions Used:		
Services Presently Used: <input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Loan	
<input type="checkbox"/> Safe Deposit	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Other	

Outstanding Debts of Applicant				
Name and Address	Date of Note	Original Debt	Interest Rate	Balance Due

Have you co-signed or are a guarantor on another debt?  Yes  No

If yes, please list:

**Tell us about your loan co-applicant (if applicable)**

Co-applicant Name and Address	
	Social Security Number:
	Business Phone Number:

Outstanding Debts of Co-applicant				
Name and Address	Date of Note	Original Debt	Interest Rate	Balance Due

**Tell us about your loan guarantor (if applicable)**

Guarantor Name and Address	
	Social Security Number:
	Business Phone Number:

**Financial Statement of Applicant**

In order to expedite the application process, please include current financial statements (balance sheets or income statements) and tax returns for the past two years for every applicant, co-applicant, or guarantor. Additional information may also be required.

## Signature

Everything I have stated in this application and the financial statement attached hereto is correct to the best of my knowledge. It is understood that you will retain this application whether or not it is approved. You are authorized to check my credit and business experience and to answer questions about your credit experience with me. The undersigned also acknowledges receipt of a copy of this application and the Notice of Right to Request Specific Reason(s) for Credit Denial.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature  
(where applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Notice of Right to Request Specific Reason(s) for Credit Denial

If your Application for Business Credit should be denied, you have the right to a written statement of the specific reason(s) for such denial. To obtain the Statement of Reason(s), please contact the individual or office listed below within 60 days from the date you were notified of our decision. We will provide you with a written statement of reasons for denial within 30 days from the date of receipt of your request.

**Legacy Bank  
PO Box 21688  
Oklahoma City, OK 73156**

## Equal Credit Opportunity Act Notice

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 law concerning this creditor is:

**FDIC Consumer Response Center  
1100 Walnut St, Box #11  
Kansas City, MO 64106**



## Preliminary Credit Disclosure

**Do not sign this form until you carefully read it and understand its contents.**

### Purpose

You have submitted an application for a loan and you may be purchasing an insurance product or annuity from Legacy Bank in connection with your loan. Federal law requires Legacy Bank to provide you with the following disclosures.

### Disclosures

Legacy Bank may not condition an extension of credit on either:

1. The consumer's purchase of an insurance product or annuity from the bank or any of its affiliates; or
2. The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from an unaffiliated entity.

### Acknowledgement

By signing below, I acknowledge that I have read, received, and understand this insurance disclosure.

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Applicant

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Date

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Applicant

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Date



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Applicant

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Date

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Applicant

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Date

**Customer Copy**