



TO EXPEDITE THE PROCESSING OF YOUR REQUEST, PLEASE ENSURE THAT THIS APPLICATION HAS BEEN COMPLETELY FILLED OUT AND THAT ANY ADDITIONAL DOCUMENTS ARE ATTACHED. NOTICE TO SOLE PROPRIETORS: YOU MAY APPLY FOR CREDIT IN YOUR NAME ALONE REGARDLESS OF MARITAL STATUS.

TELL US ABOUT YOUR CREDIT REQUEST

TYPE REQUESTED: <input type="checkbox"/> TERM LOAN <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> SBA <input type="checkbox"/> EXISTING LINE INCREASE	AMOUNT REQUESTED \$	TERM REQUESTED (TERM LOANS ONLY) <input type="checkbox"/> _____ YEARS
PURPOSE OF BUSINESS LOAN/LINE: <input type="checkbox"/> WORKING CAPITAL <input type="checkbox"/> TAKE TRADE DISCOUNT <input type="checkbox"/> PURCHASE EQUIPMENT <input type="checkbox"/> PURCHASE INVENTORY <input type="checkbox"/> CARRY RECEIVABLES <input type="checkbox"/> REFINANCE EXISTING DEBT <input type="checkbox"/> OTHER PURPOSE _____		

TELL US ABOUT YOUR CREDIT REQUEST

COMPLETE LEGAL NAME	DOING BUSINESS AS		
BUSINESS STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT	CITY	STATE	ZIP
BUSINESS PHONE ()	BUSINESS FAX ()	DATE BUSINESS ESTABLISHED MO ____ YEAR ____	
BUSINESS CONTACT NAME	PHONE ()	UNDER CURRENT MANAGEMENT MO ____ YEAR ____	
TYPE OF BUSINESS (INCLUDE BROCHURES, ETC.)			TAX I.D.
BUSINESS TYPE	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> GENERAL PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> S CORPORATION N <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER
INDUSTRY (CHECK ONE)	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> WHOLESALE/DISTRIBUTOR	<input type="checkbox"/> MANUFACTURING <input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICES <input type="checkbox"/> OTHER
ANNUAL GROSS SALES/REVENUES \$	LAST YEAR'S NET PROFIT \$	NUMBER OF EMPLOYEES	

TELL US ABOUT WHO OWNS YOUR BUSINESS

ALL OWNERS AND PERCENTAGE OF OWNERSHIP MUST BE LISTED. (ATTACH A SEPARATE SHEET IF NECESSARY)			
(OPTIONAL - CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS	FIRST NAME	MIDDLE INITIAL	LAST NAME
TITLE/RESPONSIBILITIES			% OWNERSHIP
(OPTIONAL - CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS	FIRST NAME	MIDDLE INITIAL	LAST NAME
TITLE/RESPONSIBILITIES			% OWNERSHIP
(OPTIONAL - CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS	FIRST NAME	MIDDLE INITIAL	LAST NAME
TITLE/RESPONSIBILITIES			% OWNERSHIP

TELL US ABOUT YOUR BANKING RELATIONSHIP

BUSINESS RELATIONSHIP WITH BANK OF SANTA CLARITA		CUSTOMER SINCE: MO. _____ YEAR _____
<input type="checkbox"/> BUSINESS CHECKING	<input type="checkbox"/> BUSINESS SAVINGS	<input type="checkbox"/> BUSINESS LOAN
ACCT NO. _____	ACCT NO. _____	ACCT NO. _____
CURRENT BALANCE \$ _____	CURRENT BALANCE \$ _____	CURRENT BALANCE \$ _____
OTHER BUSINESS ACCOUNTS		<input type="checkbox"/> CHECKING AVERAGE BALANCE \$ _____
NAME OF FINANCIAL INSTITUTION _____		<input type="checkbox"/> SAVINGS AVERAGE BALANCE \$ _____
_____		<input type="checkbox"/> INVESTMENT AVERAGE BALANCE \$ _____

PROVIDE DETAILS OF YOUR BUSINESS LOANS

NAME OF CREDITOR	TYPE OF LOAN SEC/UNSEC/EQUIP/ETC.	ORIGINAL AMOUNT	BALANCE OWING**	MONTHLY PAYMENT	MATURITY DATE
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

	YES	NO	IF YES TO ANY, PLEASE DESCRIBE
DOES THE BUSINESS HOLD ANY ASSETS IN TRUST?	<input type="checkbox"/>	<input type="checkbox"/>	_____
ARE YOU APPLYING FOR CREDIT FROM ANOTHER SOURCE?	<input type="checkbox"/>	<input type="checkbox"/>	_____
IS THE BUSINESS AN ENDORSER, GUARANTOR OR CO-MAKER FOR OBLIGATIONS NOT LISTED ON ITS FINANCIAL STATEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>	_____
IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?	<input type="checkbox"/>	<input type="checkbox"/>	_____
ARE THERE ANY DELINQUENT EMPLOYEE, PROPERTY, OR SALES TAXES?	<input type="checkbox"/>	<input type="checkbox"/>	_____
HAS THE BUSINESS EVER DECLARED BANKRUPTCY?	<input type="checkbox"/>	<input type="checkbox"/>	_____
ARE THE ACCOUNTS RECEIVABLE OR INVENTORY CURRENTLY PLEDGES AS COLLATERAL?	<input type="checkbox"/>	<input type="checkbox"/>	_____

PROVIDE DETAILS OF YOUR BUSINESS LOANS

THE BUSINESS/APPLICANT NAMED ABOVE CERTIFIES THAT ALL INFORMATION PROVIDED IS COMPLETE, TRUE AND CORRECT AND AUTHORIZES THE BANK TO OBTAIN CREDIT REPORTS ON AN ONGOING BASIS AS DEEMED NECESSARY TO CHECK THE INDIVIDUAL AND/OR BUSINESS CREDIT RATING OF BOTH THE BUSINESS APPLICANT AND THE INDIVIDUAL OWNER(S) SIGNING BELOW. THE BUSINESS APPLICANT ALSO AGREES TO COMPLY WITH THE TERMS AND CONDITIONS OF THE LINE/LOAN AGREEMENT THAT WILL BE SENT TO THE BUSINESS APPLICANT IF THE CREDIT IS APPROVED. EACH PERSON SIGNING BELOW CERTIFIES THAT HE/SHE IS SIGNING ON BEHALF OF THE BUSINESS APPLICANT IN THE CAPACITY INDICATED NEXT TO THE SIGNER'S NAME AND THAT SUCH SIGNER IS AUTHORIZED TO EXECUTE THIS CREDIT APPLICATION ON BEHALF OF THE BUSINESS APPLICANT. ANY INDIVIDUAL SIGNING BELOW AUTHORIZES THE BANK TO OBTAIN ADDRESS INFORMATION FROM THE CALIFORNIA DEPARTMENT OF MOTOR VEHICLES AND WAIVE THE ADDRESS CONFIDENTIALITY REQUIREMENT OF SECTION 1086.22 OF THE CALIFORNIA VEHICLE CODE.

AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE

ALL SHAREHOLDERS OWNING 20% OR MORE OF THE STOCK MUST SIGN A PERSONAL GUARANTY.

FAIR CREDIT NOTICE - THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATION AGAINST 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 EXERCISE ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT, THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THE LAW CONCERNING BANK OF SANTA CLARITA IS FEDERAL DEPOSIT INSURANCE CORPORATION FDIC, 23 ECKER STREET, SUITE 2306, SAN FRANCISCO CA 94105.



Please copy this form for additional owners, general partners and/or principal officers.

PERSONAL PROFILE

NAME		AGE	SOCIAL SECURITY NUMBER
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE ()	<input type="checkbox"/> OWN <input type="checkbox"/> RENT \$ _____ PER MONTH	<input type="checkbox"/> OTHER _____	AT CURRENT ADDRESS SINCE (MM/YY): _____/_____
<input type="checkbox"/> MARRIED SEPARATED <input type="checkbox"/> UNMARRIED	NUMBER OF DEPENDENTS	AGES OF DEPENDENTS	YEARS WITH COMPANY
SPOUSE'S NAME		SPOUSE'S OCCUPATION	SPOUSE'S SOCIAL SECURITY NUMBER
SPOUSE EMPLOYED BY		HOW LONG WITH EMPLOYER (SPOUSE) YRS. MOS.	SPOUSE'S WORK PHONE

BANKING RELATIONSHIPS (PLEASE LIST ONLY YOUR PERSONAL ACCOUNTS)

NAME OF BANK	CURRENT BALANCE	PERSONAL		CURRENT BALANCE
		CHECKING	SAVINGS	

FINANCIAL STATEMENT

ASSETS	AMOUNT	LIABILITIES	AMOUNT
CASH IN BANK OF SANTA CLARITA		TOTAL REVOLVING CREDIT	
CASH IN OTHER BANKS		TOTAL TOTAL INSTALLMENT LOANS	
RETIREMENT ACCOUNTS <i>(IRA, SEP, KEOGH, 401-K)</i>		1ST MORTGAGE ON RESIDENCE	
STOCK / BONDS / MUTUAL FUNDS <i>(INCLUDE COPY OF BROKER'S STATEMENTS)</i>		OTHER MORTGAGES ON RESIDENCE	
RESIDENCE MARKET VALUE		MORTGAGE(S) ON OTHER REAL ESTATE	
OTHER REAL ESTATE MARKET VALUE		OTHER LIABILITIES (PLEASE DESCRIBE)	
OTHER ASSETS (PLEASE DESCRIBE)		OTHER LIABILITIES (PLEASE DESCRIBE)	
OTHER ASSETS (PLEASE DESCRIBE)			
TOTAL ASSETS TOTAL		LIABILITIES	
NET WORTH (TOTAL ASSETS MINUS LIABILITIES) \$ _____			

ANNUAL INCOME	Refer to Federal Income Tax Return for Previous Year	ANNUAL EXPENDITURES	Refer to Federal Income Tax Return for Previous Year
SALARY OR WAGES		PROPERTY TAXES AND INSURANCE	
DIVIDENDS AND INTEREST		FEDERAL AND STATE INCOME TAXES	
RENTALS (GROSS)		LOAN PAYMENTS	
BUSINESS OR PROFESSIONAL INCOME (NET)		ESTIMATED LIVING EXPENSES	
OTHER <small>(Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)</small>		OTHER	
TOTAL INCOME		TOTAL EXPENDITURES	

SECURITIES OWNED (IF BROKER'S STATEMENT ATTACHED, LEAVE BLANK)

NO. SHARES OR BOND AMOUNT	SECURITIES DESCRIPTION	REGISTERED OWNER	PLEGDED		SHARE QUOTED	PRESENT MARKET VALUE
			YES	NO		

REAL ESTATE HOLDINGS (ATTACH SEPARATE SCHEDULE FOR ADDITIONAL PROPERTIES)

PROPERTY TYPE: SF = SINGLE FAMILY MF = MULTIPLE FAMILY C = COMMERCIAL INDUSTRY L = LAND/ACERAGE			
PROPERTY TYPE	RESIDENCE <input type="checkbox"/> SF <input type="checkbox"/> MF	<input type="checkbox"/> VAG. RENTAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> VAG. RENTAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L
PERCENTAGE OF OWNERSHIP			
PROPERTY ADDRESS			
DATE PURCHASED			
PURCHASE PRICE			
ESTIMATED MARKET VALUE			
1ST MORTGAGE BALANCE			
ALL OTHER MORTGAGES/LIENS			
ANNUAL PROPERTY TAXES			
MONTHLY MORTGAGE PAYMENT(S)			
MORTGAGE MATURITY YEAR			
GROSS MONTHLY RENT			
NAME OF LENDER(S)			

GENERAL INFORMATION (IF MARRIED - THESE QUESTIONS APPLY TO BOTH YOU AND YOUR SPOUSE)

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever had a repossession?	<input type="checkbox"/> YES <input type="checkbox"/> NO Are any assets held in trust? If yes, please include copy of the Trust Agreement
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever had a bankruptcy or had a judgement against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO Are you a party to any claim or lawsuits?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO Has there been an IRS audit in the past 3 years?
<input type="checkbox"/> YES <input type="checkbox"/> NO Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, has the audit been settled?
	<input type="checkbox"/> YES <input type="checkbox"/> NO Do you guarantee any other debts?

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____

For the purpose of obtaining or establishing credit from time to time, the undersigned certify that the above (attached) statement and supporting scheduled, including all federal taxes returns, prepared by or for the undersigned, are a complete and true statement of the financial condition of the undersigned on the date indicated. You are authorized to make whatever inquiries about the undersigned deemed necessary and appropriate for the purpose of evaluating the credit application provided including inquiries to the Internal Revenue Service. You are also authorized to obtain credit reports on an ongoing basis as deemed necessary, and to provide credit information about your credit experience with the undersigned to other creditors and credit reporting agencies.

X _____ AUTHORIZED SIGNATURE	_____ DATE	X _____ SPOUSE'S SIGNATURE	_____ DATE
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NOTE: Spouse's signature required only if spouse is co-applicant