

COMMERCIAL LOAN APPLICATION

 Lender: _____
 New Entity Existing Entity

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

NOTICE – JOINT CREDIT: We intend to apply for joint credit. (Initials): _____

LOAN APPLICANT:

Legal Trade Name: _____ Phone #: _____

Business Physical Address: _____ City, State, Zip _____

Business Mailing Address: _____ City, State, Zip _____

Tax Identification Number: _____ Email Address: _____

Gross Annual Revenue: \$ _____ Nature of Business: _____ NAICS: _____

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less? Yes No

(If you answered Yes and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. Please see "Credit Denial Notice" below).

LOAN REQUEST:

Amount Requested: \$ _____ New Renewal

Use of Proceeds (brief description of intended use): _____

COLLATERAL:

Will proceeds of loan be used to purchase collateral: Yes No

List collateral: _____

OWNERSHIP OF BUSINESS (Names of Entities and/or Individuals that own 20% or more of business)

NAME	TITLE	% OF OWNERSHIP	AUTHORIZED SIGNER ON LOAN
1. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

GUARANTOR INFORMATION:

1. NAME: _____ SSN: _____ DOB: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE #: _____

2. NAME: _____ SSN: _____ DOB: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE #: _____

3. NAME: _____ SSN: _____ DOB: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE #: _____

4. NAME: _____ SSN: _____ DOB: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____ CELL PHONE #: _____

COMMERCIAL LOAN APPLICATION

REQUIRED DOCUMENTATION: (accompanied with this application) ADDITIONAL INFORMATION MAY BE REQUESTED AS NEEDED

1. Business Entity paperwork (Corp., LLC., LLP, LP, DBA, etc)
2. 3 Years Tax Returns (Business Entity and each Guarantor)
3. Financial Statement (less than 90 days old) – (Business Entity and each Guarantor)
4. Year-End and Last Interim Financial Statements
5. Other: _____

IMPORTANT DISCLOSURES

PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS AS IT CONTAINS IMPORTANT DISCLOSURES

RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL NOTICE: If your gross revenues were \$1,000,000 or less in your previous fiscal year, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact **TEXAN BANK, N.A., 12941 GULF FREEWAY, SUITE 100, HOUSTON, TX 77034, 281-276-1800** within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended you.

EQUAL CREDIT OPPORTUNITY 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 (providing the applicant has the capacity to enter into a binding contract), because all or a 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 this law concerning this creditor is **OFFICE OF THE COMPTROLLER OF THE CURRENCY, CUSTOMER ASSISTANCE GROUP, 1301 MCKINNEY STREET, SUITE 3450, HOUSTON, TX 77010-9050.**

DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS: If the collateral, which will secure this loan, is a 1-4 family residence, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

SIGNATURES: By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

By X _____
 For Applicant Printed Name and Title Date

By X _____
 For Applicant Printed Name and Title Date

X _____
 Guarantor Printed Name Date

X _____
 Guarantor Printed Name Date

X _____
 Guarantor Printed Name Date

X _____
 Guarantor Printed Name Date

COMMERCIAL LOAN APPLICATION – Additional Information

How did you hear about us? Newspaper Magazine Radio TV Billboard Word of Mouth

Drive-By Existing Customer Employee _____ Other _____

Does your business derive funds from marijuana related activity? Yes No

If YES, select from **one** listed Tier below that best fits your activity

Tier 1*	Tier 2	Tier 3
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Hydroponic Supplies	<input type="checkbox"/> Attorney
<input type="checkbox"/> Distribution	<input type="checkbox"/> Payment Processing	<input type="checkbox"/> Accountant
<input type="checkbox"/> Dispensing	<input type="checkbox"/> Product Packaging Supplies	<input type="checkbox"/> Registered Agent
<input type="checkbox"/> Infused Products (CBD)	<input type="checkbox"/> Advertising/Public Relations	<input type="checkbox"/> Commercial Property Leaser
<input type="checkbox"/> Industrial Hemp	<input type="checkbox"/> Licensing/Consulting	
	<input type="checkbox"/> Training/Education	
	<input type="checkbox"/> Marijuana Software	
	<input type="checkbox"/> Industry Association	

If your company/business conducts any services within Tier 1, a loan cannot be obtained at this time.

For tier 2 and tier 3 businesses: additional information will be requested prior to loan closing.

Certification Regarding Beneficial Owner(s) of Legal Entity Customer (on next page)

General Instructions:

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purpose of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of public document with the Secretary of State or similar office, a general partnership and any similar business entity formed in the United States or a foreign country.

Legal entity does **NOT** include:

- Sole proprietorship,
- Unincorporated associations,
- Trusts not filed with the secretary of state, or
- Natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, the case of Non-US Persons) for the following individuals (i.e., the beneficial owners). **A copy of a government issued identification is required for each beneficial owner.**

- (i) Each individual, if any, who owns, directly or indirectly, **20 percent or more** of equity interests of the legal entity customer (e.g., each natural person that owns 20 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g.; a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President Vice President, or Treasurer.

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to five individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances that same individual might be identified under both sections (e.g., the President of Acme, Inc who also holds a equity 30% interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to six individuals (i.e., one individual under section (ii) and five 20 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity (corporation, LLC or other similar business entity formed in the US or foreign country) must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **20 percent or more** of the equity interests of the legal entity listed above: A DL/ID/Passport is required for all beneficial owner(s). *(If no individual meets this definition, please write "Not Applicable" or "N/A")

1.

Name: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

For U.S. Persons: Social Security Number: _____

For Non-U.S. Persons: Social Number, Passport Number and Country of Issuance or other similar identification number¹: _____

2.

Name: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

For U.S. Persons: Social Security Number: _____

For Non-U.S. Persons: Social Number, Passport Number and Country of Issuance or other similar identification number¹: _____

3.

Name: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

For U.S. Persons Social Security Number: _____

For Non-U.S. Persons Social Number, Passport Number and Country of Issuance or other similar identification number¹: _____

4.

Name: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

For U.S. Persons Social Security Number: _____

For Non-U.S. Persons Social Number, Passport Number and Country of Issuance or other similar identification number¹: _____

5.

Name: _____ Date of Birth: _____

Address (Residential or Business Street Address): _____

For U.S. Persons Social Security Number: _____

For Non-U.S. Persons Social Number, Passport Number and Country of Issuance or other similar identification number¹: _____

- d.** The following information for **one** individual with significant responsibility, for managing the legal entity listed above, such as:
- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
 - Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name: _____ Date of Birth _____

Address (Residential or Business Street Address): _____

For U.S. Persons: Social Security Number: _____

For Non-U.S. Persons: Social Number, Passport Number and Country of Issuance or other similar identification number¹: _____

I, (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. What this means for you: When you open/sign/own an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

Signature: _____ Date: _____

¹In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

AFFIDAVIT OF IDENTITY

➤ Affidavit of Identity is to be used and notarized in the event that an Owner/Signer is not present at the time of opening the account. *This form is not needed for Beneficial Owners that may not be signing on the account.

STATE OF _____

COUNTY OF _____

BEFORE ME THE FOLLOWING AFFIANT APPEARED _____, ON THE ____ DAY

OF _____, 201__ PROVEN TO ME BY THE FOLLOWING VALID

IDENTIFICATION, WHICH A COPY HAS BEEN ATTACHED:

INSTRUMENT TYPE _____

INSTRUMENT NUMBER _____

INSTRUMENT EXPIRATION DATE _____

SIGNATURE OF AFFIANT: _____

NOTARY PUBLIC FOR THE STATE OF _____
COMMISSION EXPIRES _____

SEAL

For bank use only:

VERIFICATION OF IDENTITY

➤ Verification of Identity is to be used when bank personnel go to visit the customer to obtain a copy of their identification.

BEFORE ME APPEARED _____, ON THE _____ DAY OF _____,

201__ PROVEN TO ME BY A VALID IDENTIFICATION, WHICH A COPY HAS BEEN

ATTACHED AND THEIR SOCIAL SECURITY NUMBER _____

ACKNOWLEDGED BY: _____