SMALL BUSINESS CREDIT APPLICATION



Please complete all information on this application for the type of credit you're requesting. Be sure to sign it in the space provided. Refer to the checklist on the last page for any additional documents you may be required to submit.

INFORMATION ABOUT YOUR BUSINESS

Borrower					
DBA, if applicable					
Business Address					
City	Stat	e Zip	County		
Street Address Require	ed in Addition to P.O				
Do you rent or own bus	siness property? O Rent O	Own If owned: are taxe	s current? O Yes O No	ı	
If leased: Annual Rent	Le	ase expiration	Renew	al term	
Business Phone		Business Fax		Гах ID#	
Email Address			_ Website		
Type of Business: O Proj	prietorship • Partnership	Corporation O Nonpro	ofit Organization 🧿 LLC	C O LLP O	Other
Please describe the maj	or products/services of you	r business			
Industry Type		Year Established	# of Employees	Fiscal Y	Year End
Insurance Agent					
	ors (include all owners, officers	-			
Name	Home Address	Social Security #		Title	% Ownership
The following information executive officer or senior r	is for a single individual with nanager:	significant responsibility to	control, manage or direct	a legal entity cu	istomer, including an
Name		Address			
Title	SSN	DOB		_	
Parrowar Danasit As	counts (List all aguings alreads)		unto and panaion plana)		
Bank Name	Counts (List all savings, checki. Account Type	ng, invesiment/retirement acco	Account Number		Current Balance

Bank Name/Other	Purpose	Original Amt.	Opening Date	Unpaid Balance	Maturity Date	Monthly Payment
					·	
TYPE OF LOAN R	EQUESTED					
Term Loan (to invest i	in maior purchases, such	as plant or office equipm	ent. computer systems (or machinerv)		
Purpose						
Amount Requested						
Collateral (Accounts re	cceivable, inventory, equi	oment, vehicle, deposit acc	ount, investment accou	nt)		
Line of Credit (To ac	cess funds immediately j	or working capital, accou	nts receivable and inver	ntory. Interest only)		
Purpose						
Amount Requested	l \$					
Collateral (Accounts re	ceivable, inventory, equip	ment, deposit account, inv	vestment account)			
Optional: O To esta	blish overdraft protect	ion for the Chemung C	Canal or Capital Ban	k deposit account nun	ıber indicated below.	
Chemung Canal, Caj	pital Bank or Canal	Bank Deposit Acco	ount #			
Commercial Mort	3 0 - 1	•				
Purpose						
Amount Requested	d \$	Term	Requested(maximi	um 15 years)		
Collateral Address					Estimated `	Value
Commercial Equity	y Line of Credit(W	orking capital, purchases,	additions, renovations	and improvements to pr	operty—commercial a	ıd multifamily)
Purpose						
_					_	

We are your partner in success. We're standing ready to help you realize your vision of growth, innovation, commerce and renovation. Let us be your first choice in business banking.

DIRECT DEBIT

The monthly payments will be automatically deducted directly from your Chemung Canal, Capital Bank, or Canal Bank deposit account.

Account #
ADDITIONAL INFORMATION
A. Is your business an endorser or guarantor for any debts not listed on this application or o your financial statements? O Yes O No
B. Is your business party to any claim or lawsuit? • Yes • No
C. Have you ever owned a business that has declared bankruptcy? O Yes O No
D. Does your business owe taxes for other than the current year? • Yes • No
If "yes" to any question, please explain:
SIGNATURE
The information in this application was prepared by me (the Applicant) or at my request, certify that all statements above are true and agree to contact the Bank immediately if an information changes above. I authorize the bank to verify all information deemed appropriate, now and in the future, about the business named herein, to extend credit to me. authorize the bank to obtain a credit report on me in connection with this application, an any update, renewal or extension thereof. Upon request, the bank will notify me, if a cred report was requested and, if so, the name and address of the credit reporting agency furnishing the report. I also authorize the bank to fulfill the account options I have requested in this application.
Please print:
Business Name
Authorized Officer (Name and Title)
Signature Date
Authorized Officer (Name and Title)
Signature Date
Please make sure all enclosed forms have been signed and dated.
If this is an application for joint credit, Borrower and Co-Borrower each agree that we intento apply for joint credit.
Initial Date Initial Date
Loan Officer Data received

DOCUMENTS REQUIRED TO BE SUBMITTED WITH APPLICATION

Please help us speed your application process. We've included the chart below to show you which documents we need from you in order to complete your application.

Essential Documents	Term Loan	Line of Credit	Commercial Mortgage	Commercial Equity Line of Credit
Completed and signed personal financial statement for borrower and/or guarantor.	0	0	0	0
2. Two years of tax returns OR financial statements for the borrower, including all schedules.	0	0	0	0
3. Interim statements required if year- end statements are more than six months old.	Ο	0	Ο	0
4. Two years of tax returns for the guarantor, including all schedules.	0	0	0	0
5. Copy of vehicle or equipment invoice (if applicable).	0			
6. Purchase offer (if applicable).			0	0
7. Current rent roll or rent roll for property being purchased.			0	0
8. Copy of signed leases.			0	0
9. Projected expenses for property being purchased (if applicable).			0	0

PERSONAL FINANCIAL STATEMENT

As of								
Name		Name						
Date of Birth		Date of Birth						
SSN		SSN						
Home Address		Home Address						
City, State, Zip		City, State, Zip						
Res. Phone		Res. Phone						
Employer Name		Employer Nam	ne					
Business Address		Business Addr	ess					
City, State, Zip		City, State, Zip						
Bus. Phone		Bus. Phone						
Position		Position						
Driver's License #		Driver's Licens	e #					
Issue Date	Exp. Date		Issue Date	Exp. Date				
For the purpose of obtaining credit from Confis/her financial position. The information contained in this statement of persons, firms or corporation of the continue credit. Each undersigned repethis statement as continuing herein. I application. If I/we request, I/we will be informed of the name and a may be requested or utilized in connection.	atement is provided for to porations in whose behalf gned understands that you presents and warrants that am/we are hereby notified be informed whether or address of the consumer	the CONFIDENTIAL use the purpose of obtaini lf of the undersigned n ou are relying on the in at the information prov ed that a consumer rep not a consumer report reporting agency that	of Chemung Canal Tr ng or maintaining of nay either severally nformation provide ided is true and com ort may be requested was requested, and furnished the repor	credit with you on behalf of the or jointly with others, execute a d herein in deciding to grant or aplete and that you may consider ed in connection with this credit if such report was requested, I/et. Subsequent consumer reports				
Signature			Date					
Signature			Date					

SCHEDULE 1 - CASH - PERSONAL; NOTES OR ACCOUNTS RECEIVABLE

Type (checking, savings, CD, IMMA)	Institution					In Name of				Are these Pledged		(Current Balance		
SCHEDULE	2 – RE	TIREN	/IENT A	CCOU	NTS		SCHE	DULE	3 – LI	FE INS	UR/	ANCE			
Type (401k, 403b, IRA) In Name of						Name of Insurance Co.		Owner of Policy			Policy Amount		Cash Surrend	ler Value	
SCHEDULE	4 – IN	VESTI	MENTS		•			SC	HEDUI	LE 5 -	PER	SONA	L Pl	ROPERT	Υ
Type (stocks, bonds, money marke savings bonds)	et,		In Nam	e of			arket alue			ngs, artwon biles, RV, t				Val	lue
CCHEDIII	G DE	'AL EC	TATE C	WNED											
Name of Lender Address & Ty of Property		ss & Typ			ı Nan			et	Loan Balance		Monthly pa of principa est, taxes, i		ıl, inter-	Escrowed Y/N?	
SCHEDULE	7 – LO	ANS/	TAXES	DUE											
Name of Lender or note holder Credit in the Name			Secured/ Unsecured		auto loans, st	Type/purpose (include credit cards, auto loans, student loans, personal loans, RE/income taxes)						edit Limit N/A	Current Balance		



