

Date Received:	
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IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT: *Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, 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. In some cases, we may use outside sources to confirm the information. The information you provide will be kept confidential and secure.*

BORROWING INTENT: <i>Check One</i> Borrowing intent should be evidenced when an individual is applying <u>with</u> the applicant for shared or joint credit (e.g. individual is co-borrower with a business or two individuals are borrowing together). This intent is <u>not</u> completed for guarantors.	<input type="checkbox"/> Individual Credit: Relying <u>solely</u> on my income <input type="checkbox"/> Individual Credit: Relying on my income <u>and</u> income from other sources <input type="checkbox"/> Joint Credit: We intend to apply for joint credit. <i>(Initials)</i> _____
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BORROWING ENTITY INFORMATION

Type of Entity: <i>Check One</i>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Non-Profit
Legal Name:		
Tax Identification Number:	Year Established:	
Street Address: <i>No P.O. Boxes</i>	Mailing Address:	
City, State, ZIP	City, State, ZIP	
<input type="checkbox"/> <i>Check here if your street and mailing addresses are the same.</i>		
Telephone Number:	Primary Business Contact Name:	
Description of Business:		

ADDITIONAL BORROWER INFORMATION

Co-Borrower Name #1	Name:	Address:
	SSN::	DOB:
	Telephone:	
Co-Borrower Name #2	Name:	Address:
	SSN::	DOB:
	Telephone:	
Co-Borrower Name #3	Name:	Address:
	SSN::	DOB:
	Telephone:	

BUSINESS ID INFORMATION

	ISSUE STATE	ISSUE DATE	ID NUMBER
<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Trust Instrument <input type="checkbox"/> Government-Issued Business License <input type="checkbox"/> Other			
Do you cash checks?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If you cash checks, do you cash more than \$1,000 per person per day?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you sell money orders?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you transmit money (e.g. wire transfers, Western Union, virtual currency, etc.)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you exchange currency and/or bullion?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you primarily transact business in cash?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you engage in internet gambling?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own or operate ATMs?			<input type="checkbox"/> YES <input type="checkbox"/> NO

RELATED BUSINESS INQUIRY

(If Yes, please explain on separate sheet)

Has the Business Applicant ever declared bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Date _____
Has any Principal, Guarantor or Co-applicant ever declared bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Date _____
Is the Business Applicant liable as guarantor or endorser on an existing or outstanding loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Amount _____
Is Principal, Guarantor or Co-Applicant liable as guarantor or endorser on an existing or outstanding loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Amount _____
Is the Business Applicant or any Principal, Guarantor or Co -Applicant a party to any legal claim or lawsuit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Date _____
Is the Business already pledging any assets for a loan or lease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Describe _____
Is the Business Applicant or any Principal, Guarantor or Co -applicant currently past due on any taxes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Amt. & Yr. _____
Are there any tax liens filed against the Business Applicant, or any Principal, Guarantor or Co -applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Date _____
Does Business Applicant own or lease occupied building? <input type="checkbox"/> Own <input type="checkbox"/> Lease	Mailing address of Lessor _____		
If leased, name of lessor: _____	_____		
Years remaining on lease: _____	_____		
Monthly lease payments, if applicable \$ _____	_____		

BENEFICIAL OWNER INFORMATION

Beneficial Owner Name(s)	% Ownership	CONTROL DESIGNATION <i>(e.g. CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer, etc.)</i>	ID Number & Expiration Date

GUARANTOR INFORMATION

Guarantor Name #1	Name:	Address:	
	SSN::	DOB:	Telephone:
Guarantor Name #2	Name:	Address:	
	SSN::	DOB:	Telephone:
Guarantor Name #3	Name:	Address:	
	SSN::	DOB:	Telephone:

GROSS ANNUAL BUSINESS REVENUES *(In Previous Fiscal Year)*

Over \$1 Million

Under \$1 Million

GROSS ANNUAL PERSONAL INCOME *(If Natural Person)*

\$ _____

LOAN REQUEST

Type:	<input type="checkbox"/> Term Loan	<input type="checkbox"/> Time Note	Amount Requested:	\$ _____
	<input type="checkbox"/> Business Line of Credit	<input type="checkbox"/> Commercial Real Estate		
Use of Funds:	<input type="checkbox"/> Refinance existing debt	<input type="checkbox"/> Purchase new equipment	<input type="checkbox"/> Manage seasonal cash flow shortages	<input type="checkbox"/> Purchase existing business
	<input type="checkbox"/> Acquire Real Estate	<input type="checkbox"/> Letter of credit needs	<input type="checkbox"/> Refinance commercial real estate	<input type="checkbox"/> Other (describe) _____

LOAN REQUEST *(If dwelling secured)*

Purpose:	<input type="checkbox"/> Purchase	<input type="checkbox"/> Improvement	<input type="checkbox"/> Development
	<input type="checkbox"/> Purchase/Rehab	<input type="checkbox"/> Const./Perm	<input type="checkbox"/> Equipment
	<input type="checkbox"/> Refinance (Cash-Out)	<input type="checkbox"/> Spec Const.	<input type="checkbox"/> Line of Credit
	<input type="checkbox"/> Refinance (No Cash Out)		<input type="checkbox"/> Other: _____
Term: <i>In months</i>		Amortization: <i>In months</i>	
Loan Payments:	<input type="checkbox"/> Interest Only Payments	Type:	<input type="checkbox"/> Conventional
	<input type="checkbox"/> No Interest Only Payment		<input type="checkbox"/> FHA
			<input type="checkbox"/> VA
			<input type="checkbox"/> RHS/FSA

COLLATERAL

Collateral Type	<input type="checkbox"/> Equipment	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Residential Real Estate
	<input type="checkbox"/> Accts Receivable/Inventory	<input type="checkbox"/> Commercial Real Estate	<input type="checkbox"/> Other (describe)_____
Collateral Description:			

COLLATERAL (if dwelling secured)

Collateral Address:			City:	
	State:		Zip:	
	County:		Census Tract:	
Lien Position:			Total Existing Liens:	
Lienholder(s):				
Sales Price: <i>(Purchase)</i>		Estimated Value:		
Occupancy:	<input type="checkbox"/> Principal residence	Construction Method:	<input type="checkbox"/> Site-Built	
	<input type="checkbox"/> Secondary residence		<input type="checkbox"/> Manufactured Home	
	<input type="checkbox"/> Investment property			

MANUFACTURED HOME If applicable

Property Type:	<input type="checkbox"/> Manufactured home and land	<input type="checkbox"/> Manufactured home and NOT land
Property Interest:	<input type="checkbox"/> Direct ownership	<input type="checkbox"/> Indirect ownership
	<input type="checkbox"/> Paid leasehold	<input type="checkbox"/> Unpaid leasehold

MULTI FAMILY		Government Program Rent Source	
Multi Family (> 4 units)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Government Program Rent Source	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes # of Units:			

COMMUNITY DEVELOPMENT CONSIDERATION

Will the proceeds from this loan support affordable housing for low- and moderate-income individuals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the proceeds from this loan promote economic development?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the proceeds from this loan revitalize or stabilize low- or moderate-income geographies, designated disaster areas or distressed or underserved areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the proceeds from this loan support, enable or facilitate projects or activities designed to revitalize or support neighborhood programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTICES & DISCLOSURES

CREDIT AUTHORIZATION: I/We authorize the Bank (Lender) to obtain a consumer report(s), and to obtain and exchange information from and with other credit grantors and consumer reporting agencies. I/We authorize Lender to retain all information and reports for Lender's files.

EQUAL CREDIT OPPORTUNITY NOTICE - ADVERSE ACTION NOTICE- The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 part of the applicant's income is derived 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 the Division of Depositor and Consumer Protection, National Center for Consumer and Depositor Assistance, Federal Deposit Insurance Corporation, 1100 Walnut Street, Box #11, Kansas City, MO 64106. <https://ask.fdic.gov/fdicinformationandsupportcenter>

BENEFICIAL OWNERSHIP: I/We certify, to the best of my/our knowledge that the beneficial ownership provided here in is complete and correct.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please send your written request within 60 days of the date of the Creditor's decision to Metairie Bank, P O Box 217, Metairie, La 70004, Attention: Business and Professional Lending. The Creditor will send you a written statement of the reasons within 30 days of receiving your request for the statement.

FINANCIAL STATEMENTS AND TAX RETURNS-Please provide a copy of the company's financial statements or tax returns for the last three years and interim financial statements for the current year. Please also provide guarantors' tax returns for the last three years and updated personal financial statements.

Authorization: Each Business Applicant and each person or entity signing this application ("Signer") certifies that the information provided by the Business Applicant and the Signer is true and complete, and authorizes Metairie Bank and Trust and its agents to obtain credit and employment information about the Business Applicant and Signer, obtain credit reports and make any inquiries Metairie Bank and its agents consider appropriate in connection with this application or the review of this loan account from time to time; make Metairie Bank's experience with this loan account and information about this application available to credit bureaus, other Signer or other persons who have or expect to have financial dealings with the Business Applicant and the Signer, share collection information with the Signer's other creditors, and disclose account information as required by law. Each Signer acknowledges that additional information may be required in order to make a final credit decision. Business Applicant also acknowledges receipt of the Equal Credit Disclosures provided with this application.

REQUIRED SIGNERS- All signers must also be duly authorized to sign on behalf of applicant. All applicants and co-applicants **MUST** sign this application.

The bank may not condition an extension of credit on either (a) the borrower's purchase of an insurance or annuity from the bank or from any of its affiliates, or (b) the borrower's agreement not to obtain, or prohibition on the borrower from obtaining an insurance product or annuity from an entity that is unaffiliated with the bank.

ACKNOWLEDGEMENT: EACH SIGNER ACKNOWLEDGES THAT METAIRIE BANK AND TRUST AND ITS AGENTS MAY RELY ON THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO WITH METAIRIE BANK AND TRUST. EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY METAIRIE BANK AND TRUST PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ AND UNDERSTOOD THE TERMS OF THIS APPLICATION, INCLUDING THE ABOVE DISCLOSURES, ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. EACH SIGNER ACKNOWLEDGES THEY HAVE RETAINED A COPY OF THIS APPLICATION FOR THEIR RECORDS.

SIGNATURE(S)

<input type="checkbox"/> Authorized Signer/Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor				
	<i>Signature</i>	Printed Name	Title	Date
<input type="checkbox"/> Authorized Signer/Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor				
	<i>Signature</i>	Printed Name	Title	Date
<input type="checkbox"/> Authorized Signer/Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor				
	<i>Signature</i>	Printed Name	Title	Date
<input type="checkbox"/> Authorized Signer/Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor				
	<i>Signature</i>	Printed Name	Title	Date
<input type="checkbox"/> Authorized Signer/Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor				
	<i>Signature</i>	Printed Name	Title	Date

Thank you for choosing Metairie Bank. We look forward to serving your financial needs

COMPLETE THIS SECTION ONLY IF LOAN IS SECURED WITH A 1-4 FAMILY OR MULTIFAMILY DWELLING

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more "Hispanic or Latino" origins, and one or more designations for "Race".

The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, If you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

Applicant **Co-Applicant**

- Not applicable; Not a natural person Not applicable; Not a natural person
 I do not wish to furnish this information. No Co-Applicant

Ethnicity **Ethnicity**

- Hispanic or Latino**
- Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino: Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Enter Origin _____
- Not Hispanic or Latino Not Hispanic or Latino
 I do not wish to furnish this information. I do not wish to furnish this information.

Race: Check one or more **Race:**

- American Indian/Alaskan Native: Print name of enrolled or principal tribe: Enter Tribe _____ American Indian/Alaskan Native: Print name of enrolled or principal tribe: Enter Tribe _____
- Asian
- Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian: Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on Enter Race _____
- Black or African American Black or African American
 Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islander
- Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander: Print race, for example, Fijian, Tongan, and so on Enter Race _____
- White White
 I do not wish to furnish this information. I do not wish to furnish this information.

Sex: **Sex:**

- Female Female
 Male Male
 I do not wish to furnish this information. I do not wish to furnish this information.

To Be Completed by Financial Institution (for an application taken in person) **To Be Completed by Financial Institution (for an application taken in person)**

- Was the ethnicity of the applicant collected on the basis of visual observation or surname? Was the ethnicity of the applicant collected on the basis of visual observation or surname?
 Yes Yes
 No No
 Was the race of the applicant collected on the basis of visual observation or surname? Was the race of the applicant collected on the basis of visual observation or surname?
 Yes Yes
 No No
 Was the sex of the applicant collected on the basis of visual observation or surname? Was the sex of the applicant collected on the basis of visual observation or surname?
 Yes Yes
 No No