



first financial bank

Another step on the path to success

Small Business Loan Center Application

Important Application Information: Federal Law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Each shareholder, partner or member owning 25 percent or more interest in the Business Applicant must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guaranties may be required.

| BUSINESS INFORMATION | | | | | |
|--|---|---|---|---|----------------|
| BUSINESS APPLICANT'S NAME <i>(Exact Legal Name)</i> | | | DBA <i>(If Applicable)</i> | | |
| BUSINESS STREET ADDRESS <i>(Can not be a PO Box)</i> | | CITY | STATE | ZIP CODE | |
| MAILING ADDRESS <i>(If Different From Above)</i> | | CITY | STATE | ZIP CODE | |
| TAX PAYER ID NUMBER | BUSINESS PHONE | BUSINESS FAX | CELL PHONE <i>(Optional)</i> | | |
| BUSINESS TYPE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> C-CORPORATION <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER | | | | | |
| DESCRIPTION OF BUSINESS OR SERVICE <i>(Be Specific)</i> | | DATE BUSINESS STARTED | YEARS CURRENT OWNERSHIP | YEARS OWNERS HAVE BEEN IN THIS LINE OF BUSINESS | # OF EMPLOYEES |
| GROSS ANNUAL SALES IN YOUR PREVIOUS FISCAL YEAR \$ | BUSINESS YEAR END DATE | BUSINESS CHECKING & SAVINGS TOTAL BALANCE \$ | | | |
| OWNER(S) INFORMATION | | | | | |
| <i>List all Owners/Guarantors with at least 25% ownership interest in the company. If there are more than two owners, complete additional application.</i> | | | | | |
| AUTHORIZED OFFICER <i>(First, MI, Last)</i> | SOCIAL SECURITY # | DATE OF BIRTH | TITLE | % OWNERSHIP | YEARS AS OWNER |
| HOME PHONE | ADDRESS | | CITY | STATE | ZIP |
| MONTHLY MORTGAGE / RENT PAYMENT \$ | GROSS PERSONAL ANNUAL INCOME AS REPORTED ON LAST TAX RETURN \$ | | NET WORTH <i>(Excluding the Business)</i> \$ | CASH & MARKETABLE SECURITIES \$ | |
| AUTHORIZED OFFICER <i>(First, MI, Last)</i> | SOCIAL SECURITY # | DATE OF BIRTH | TITLE | % OWNERSHIP | YEARS AS OWNER |
| HOME PHONE | ADDRESS | | CITY | STATE | ZIP |
| MONTHLY MORTGAGE / RENT PAYMENT \$ | GROSS PERSONAL ANNUAL INCOME AS REPORTED ON LAST TAX RETURN \$ | | NET WORTH <i>(Excluding the Business)</i> \$ | CASH & MARKETABLE SECURITIES \$ | |
| LOAN REQUEST | | | | | |
| PURPOSE OF LOAN | | LOAN TYPE | AMOUNT REQUESTED \$ | TERM REQUESTED | |
| COLLATERAL AVAILABLE | | | | | |

FINANCIAL INFORMATION

- CORPORATE TAX RETURNS OR FYE STATEMENTS FOR LAST TWO YEARS AND INTERIM, IF AVAILABLE SUBMITTED WITH THIS APPLICATION.
- CURRENT PERSONAL FINANCIAL STATEMENT AND MOST RECENT PERSONAL TAX RETURN SUBMITTED WITH THIS APPLICATION.

BUSINESS DEPOSIT ACCOUNTS

| FINANCIAL INSTITUTION | TYPE OF ACCOUNT | CURRENT BALANCE | AVERAGE BALANCE |
|-----------------------|-----------------|-----------------|-----------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

PERSONAL DEPOSIT ACCOUNTS

| FINANCIAL INSTITUTION | TYPE OF ACCOUNT | CURRENT BALANCE | AVERAGE BALANCE |
|-----------------------|-----------------|-----------------|-----------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

BUSINESS DEBTS (List all business debts including accounts and trade payables)

| TO WHOM PAYABLE? | TYPE OF ACCOUNT (Revolving, Term, etc.) | BALANCE OWING | PAYMENT | PAY OFF WITH PROCEEDS? |
|------------------|---|---------------|---------|------------------------------|
| | | \$ | \$ PER | <input type="checkbox"/> YES |
| | | \$ | \$ PER | <input type="checkbox"/> YES |
| | | \$ | \$ PER | <input type="checkbox"/> YES |

VISA BUSINESS CARD® APPLICATION

Company Credit Limit \$

Card Administrator: (Person at your company that has authority to make changes to your cards.)

- Corporate Bill (one statement for two or more cards)
 Individual Bill (separate statement for each card)

CARDHOLDER INFORMATION

Please provide us with the names of individuals to be issued cards. If more than five, please attach sheet with additional information.

| | | | |
|-----------------|-------------------------------|-------------------------|--|
| First Name | M.I. | Last Name | Taxpayer Identification Number |
| | | | |
| Credit Limit \$ | Daily Cash Withdrawal Limit % | (0%-100% of card limit) | Send PIN to individual? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|-----------------|-------------------------------|-------------------------|--|
| First Name | M.I. | Last Name | Taxpayer Identification Number |
| | | | |
| Credit Limit \$ | Daily Cash Withdrawal Limit % | (0%-100% of card limit) | Send PIN to individual? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|------------|------|-----------|--------------------------------|
| First Name | M.I. | Last Name | Taxpayer Identification Number |
| _____ | | | |

Credit Limit \$ _____ Daily Cash Withdrawal Limit % _____ (0%-100% of card limit) Send PIN to individual? YES NO

| | | | |
|------------|------|-----------|--------------------------------|
| First Name | M.I. | Last Name | Taxpayer Identification Number |
| _____ | | | |

Credit Limit \$ _____ Daily Cash Withdrawal Limit % _____ (0%-100% of card limit) Send PIN to individual? YES NO

| | | | |
|------------|------|-----------|--------------------------------|
| First Name | M.I. | Last Name | Taxpayer Identification Number |
| _____ | | | |

Credit Limit \$ _____ Daily Cash Withdrawal Limit % _____ (0%-100% of card limit) Send PIN to individual? YES NO

Borrower agrees to the credit card credit limit and above cardholder information. Please initial _____.

Borrower chooses not to obtain credit card offered at this time. Please initial _____.

RELATED BUSINESS ISSUES

HAS THE APPLICANT OR ANY GUARANTOR OR CO-APPLICANT EVER DECLARED BANKRUPTCY? YES NO

IS THE BUSINESS APPLICANT OR ANY GUARANTOR OR CO-APPLICANT A PARTY TO ANY CLAIM OR LAWSUIT? YES NO

ARE THERE ANY STATE OR FEDERAL TAX LIENS FILED AGAINST THE BUSINESS APPLICANT OR ANY GUARANTOR OR CO-APPLICANT? YES NO

EQUAL CREDIT OPPORTUNITY NOTICE

Were your gross revenues \$1,000,000 or less in your previous year?

YES
 NO

If you answered "yes" and the Creditor denies your application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact:

First Financial Bank, N.A.
Business Banking
225 Pictoria Drive
Cincinnati, OH 45246
(888) 815-3530

within 60 days from the date you are notified of Creditor's decision. The Creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice at right describes additional protections extended to you.

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 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 the creditor is:

Office of the Comptroller of the Currency
1301 McKinney Ave. Suite 3450
Houston, TX 77010-9050

NOTICE – Applicant Only NOTICE – JOINT CREDIT with Co-Applicant(s)
We intend to apply for joint credit. (Initials) _____ (If applicable, complete the Statement of Intent form.)

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

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 signing below, the undersigned affirms that all representations made heretofore stated in this application are true and correct.

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date

The following pages should only be completed if you wish to utilize the credit card option.

Agreement

The person signing below on behalf of the business whose full legal name appears above under Business Information (“Applicant”) requests that First Financial Bank, N.A., whether operating under that name or under any other name (the “Bank”), establish a Visa BusinessCard® account (“Account”), and represents, warrants and agrees: (1) that the Applicant has read and understood the disclosures in this Application, including the Personal Guaranty (if applicable) and Applicant Authorizing Resolutions, (2) that the Applicant has received a copy of, read and understood the Bank’s Visa BusinessCard® Terms and Conditions (“Cardholder Agreement”), and agrees to be bound by the Cardholder Agreement as it may be amended from time to time; (3) that all the information provided herein is true, accurate and correct; and (4) that the Bank is authorized to investigate, obtain and exchange reports regarding the Applicant, any individual to whom a credit card (“Card”) may be issued (“Cardholder”) or the resulting Account relationship with credit reporting agencies, other creditors or financial institutions. Acceptance or use of any Card will be subject to the terms of the Cardholder Agreement that will be sent with a Card, and Applicant will be responsible for all obligations incurred according to those terms.

Print Applicant Name: _____

By: _____ Title of Authorized Signer _____ Date _____
Signature

OHIO NOTICE AGAINST DISCRIMINATION: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

KENTUCKY RESIDENTS: You may pay the unpaid balance of the account in whole or in part at any time.

Personal Guaranty

The undersigned (each a “Guarantor”), jointly and severally (if more than one), absolutely and unconditionally guarantee the prompt payment to First Financial Bank, N.A., whether operating under that or another name, including its successors and assignees, (“the Bank”) of any and all indebtedness incurred by the Applicant and/or any Cardholder pursuant to the Cardholder Agreement (the “Obligations”). Each Guarantor further agrees to repay the Obligations on demand, without requiring the Bank first to enforce payment against the Applicant or any Cardholder. This is a guarantee of payment and not of collection. This is an absolute, unconditional, primary, and continuing obligation and will remain in full force and effect until the first to occur of the following: (i) all of the Obligations have been indefeasibly paid in full, and the Bank has terminated this Personal Guaranty, or (ii) 30 days after the date on which written notice of revocation is actually received and accepted by the Bank. No revocation (whether upon the death of a Guarantor or otherwise) will affect: (i) the then existing liabilities of the revoking Guarantor under this Personal Guaranty; (ii) Obligations created, contracted, assumed, acquired or incurred prior to the effective date of such revocation; (iii) Obligations created, contracted, assumed, acquired or incurred after the effective date of such revocation pursuant to any agreement entered into or commitment obtained prior to the effective date of such revocation; or (iv) any Obligations then or thereafter arising under the agreements or instruments then in effect and then evidencing the Obligations. Each Guarantor waives all notices to which the Guarantor might otherwise be entitled by law, and also waives all defenses, legal or equitable, otherwise available to the Guarantor. This Personal Guaranty shall be construed in accordance with the laws of the State of Ohio, and shall inure to the

benefit of the Bank, its successors and assigns. TO THE EXTENT NOT PROHIBITED BY LAW, EACH OF THE UNDERSIGNED GUARANTORS WAIVES ITS RIGHT TO A TRIAL BY JURY OF ANY CLAIM OR CAUSE OF ACTION BASED UPON, ARISING OUT OF OR RELATED TO THIS GUARANTY, THE CARDHOLDER AGREEMENT AND ALL OTHER DOCUMENTATION EVIDENCING THE OBLIGATIONS, IN ANY LEGAL ACTION OR PROCEEDING. ANY SUCH CLAIM OR CAUSE OF ACTION SHALL BE TRIED BY COURT SITTING WITHOUT A JURY.

By signing below, each Guarantor authorizes the Bank and any credit bureau or other investigating agency employed by the Bank to investigate any reference given by the Guarantor or statements or other data obtained from the Guarantor or any other person pertaining to the Guarantor's credit history and financial responsibility.

Date: _____

Name of Applicant: _____

Signature(s) of Guarantor(s):

Print Name of Guarantor(s):

Applicant Authorizing Resolutions

(Complete and sign appropriate section)

NAME OF APPLICANT: _____ DATE: _____

For Corporations and Not for Profit Organizations: The undersigned hereby certify to the Bank as follows:
I am the Secretary of Applicant, whose full legal name appears above under Business Information. Applicant is a corporation duly organized, validly existing and in good standing under the laws of the State of _____. At a meeting of the Board of Directors/Trustees of the Applicant duly held at the Applicant's office on _____, 20____ and by a quorum vote the following resolution was duly adopted by the Applicant or such resolution was duly adopted by unanimous written consent of the Board of Directors/Trustees on such date in lieu of a meeting, and said resolution has not been amended, altered or rescinded and is in full force and effect on the date hereof: That the person signing in the section entitled "Agreement" above on behalf of the Applicant is duly authorized on behalf of the Applicant to borrow from time to time, and to delegate such borrowing authority to any Cardholder identified above, all pursuant to the Visa BusinessCard® Terms and Conditions ("Cardholder Agreement"), and to execute and deliver this Application to the Bank for the purpose of establishing a Visa BusinessCard® account ("Account") and agreeing to the terms and conditions of the Cardholder Agreement, and to act on behalf of the Applicant in all matters relating to the Account. The undersigned further certifies that the person signing in the section entitled "Agreement" above is a duly elected and qualified officer of the Applicant whose full legal name appears on the Application.

Secretary

For Limited Liability Companies: The undersigned hereby certify to the Bank as follows:
The Applicant, whose full legal name appears above under Business Information, is a limited liability company duly organized, existing and in good standing under the laws of the State of _____. At a meeting of the Members of the Applicant duly held at the Applicant's office on _____, 20____ and by a quorum vote the following resolution was duly adopted by the Applicant or such resolution was duly adopted by unanimous written consent of the Members on such date in lieu of a meeting, and said resolution has not been amended, altered or rescinded and is in full force and effect on the date hereof: That the person signing in the section entitled "Agreement" above on behalf of the Applicant is duly authorized on behalf of the Applicant to borrow from time to time, and to delegate such borrowing authority to any Cardholder identified above, all pursuant to the Visa BusinessCard® Terms and Conditions ("Cardholder Agreement"), and to execute and deliver this Application to the Bank for the purpose of establishing a Visa BusinessCard® account ("Account") and agreeing to the terms and conditions of the Cardholder Agreement, and to act on behalf of the Applicant in all matters relating to the Account. The undersigned further certifies that the person signing in the section entitled "Agreement" above is a duly elected and qualified officer of the Applicant whose full legal name appears on the Application.

All members must sign:

Member

Member

Member

Member

For Partnerships: The undersigned hereby certify to the Bank as follows:
The Applicant, whose full legal name appears above under Business Information, is a general or limited (choose one) partnership under the laws of the State of _____. At a meeting of all of the general partners of the Applicant duly held at the Applicant's office on _____, 20____ and by a quorum vote the following resolution was duly adopted by the Applicant or such resolution was duly adopted by unanimous written consent of the general partners on such date in lieu of a meeting, and said resolution has not been amended, altered or rescinded and is in full force and effect on the date hereof: That the person signing in the section entitled "Agreement" above on behalf of the Applicant is duly authorized on behalf of the Applicant to borrow from time to time, and to delegate such borrowing authority to any Cardholder identified above, all pursuant to the Visa BusinessCard® Terms and Conditions ("Cardholder Agreement"), and to execute and deliver this Application to the Bank for the purpose of establishing a Visa BusinessCard® account ("Account") and agreeing to the terms and Conditions of the Cardholder Agreement, and to act

on behalf of the Applicant in all matters relating to the Account. The undersigned further certifies that the person signing in the section entitled "Agreement" above is a duly elected and qualified officer of the Applicant whose full legal name appears on the Application.

All general partners must sign:

General Partner

General Partner

General Partner

General Partner