



# COMMERCIAL LOAN APPLICATION INFORMATION

PO Box 309600  
St. Thomas, VI 00803-9600

**Check  
Appropriate  
Box**

- You are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested.
- You are applying for joint credit with another person.

**Type of Identification:** \_\_\_\_\_  
**Number of Identification:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

FIRSTBANK Customer  Yes  No Branch: \_\_\_\_\_ Customer Since: \_\_\_\_\_

## APPLICANTS INFORMATION

Name: \_\_\_\_\_ Tax Payer I.D.: \_\_\_\_\_ Personal S.S.: \_\_\_\_\_  
 Physical Business Address: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**BUSINESS INFORMATION:**  Sole Proprietorship  Society  Corporation  Other: \_\_\_\_\_

Year Established: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Line of Business: \_\_\_\_\_ Product or Services Rendered: \_\_\_\_\_

Name of Officers, Stockholders and Cosigners, if any	Tax I.D. Soc. Security	% of Stock Owned (20% or more only)	Position Pres/ Sec/ Treas Or Stockholder	Firstbank Customer?	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## LOAN INFORMATION

Amount Requested: \$ \_\_\_\_\_  New  Renewal

Purpose of Loan: \_\_\_\_\_

Facilities Requested:  Term Loan  Line of Credit  Fixed Loan  Other (Specify) \_\_\_\_\_

Term Requested:  30 days  60 days  90 days  180 days  1 year  2 years  3 years  
 Other: \_\_\_\_\_

Income:\*\*\* and/or source of repayment: \_\_\_\_\_

Collateral

Offered: \_\_\_\_\_

Owner of Guarantee: \_\_\_\_\_ Address of Real Property - If Equipment please mention type and year / Personal Guarantees / Others  
 Lien (rango):  1<sup>st</sup>. Mortgage, or  2<sup>nd</sup> Mortgage

## VALUE

Estimated \$ \_\_\_\_\_ Appraised (if available) \$ \_\_\_\_\_ Amount Owed (previous lien) \$ \_\_\_\_\_

## COMMERCIAL CREDIT REFERENCES

Name & Merchant ID Number	Address	Terms	Telephone	Fax

## ADDITIONAL INFORMATION (If you answered YES to any of the following questions, please provide written explanation on a separate sheet).

1. Does the Business or any owner/guarantor have open liens or judgments?  Yes  No
2. Does the Business or any owner/guarantor owe any federal or state taxes that are delinquent or under a payment arrangement?  Yes  No
3. Is the Business or any owner/guarantor contingently liable as endorser or guarantor on another loan(s)?  Yes  No
4. A Has the Business or any owner/guarantor ever filed for bankruptcy or requested court protection from creditors?  Yes  No
5. Has the Business experienced any management or ownership changes in the past three years?  Yes  No
6. Are more than 20% sales to one customer?  Yes  No
7. Are any of the assets of the Business or any guarantor held in trust?  Yes  No
8. Does the Business currently have any liens against Business assets?  Yes  No
9. Is the Business Owner or Guarantor designated as a Senior Public Figure?  Yes  No
10. Are you an officer, director or Guarantor of an organization that presently has credit extended or approved with FIRSTBANK? If yes please name organization.  Yes  No
11. Are you an officer or Director of a Financial Institution? If yes, Please give Position and name of the institution.  Yes  No

I (we) hereby certify that all information and any supplemental data submitted with this application is true and correct. The application contains no false representations or avoids mentioning any circumstances that may alter the veracity of the information submitted. I (we) authorize FIRSTBANK to revise my (our) credit history and payment ability and to disclose to third persons any credit information in the Bank. The original of this application will be retained by the Bank even if the loan is not granted.

**Borrower; Cosigner; Guarantor and/or  
Authorized Signature**

**Date**

**Borrower; Cosigner; Guarantor and/or  
Authorized Signature**

**Date**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* It is not necessary to include income from alimony, child support or separate pension unless you wish to consider it as part of your income for this application

Dear Applicant:

Please be advised that the following Regulations may apply in connection with your loan application.

**REGULATION B (EQUAL CREDIT OPPORTUNITY ACT)**

If your Application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the undersigned at the address or telephone number mentioned below, 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. Please send your written request to: FirstBank PO BOX 9146 San Juan PR 00908-0146, Attention Credit Administration Department Code 212; and include the applicant's name; name of officer who processed your loan; address where you receive your correspondence and a statement requesting the reasons for denial.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age, (provided that the applicant has the capacity to enter into a binding contract); Because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any rights under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this Law concerning this creditor is; FDIC, Consumer Response Center 2345, Grand Blvd. , Suite 100, Kansas City, Mo 64108.

**NOTICE OF RIGHT TO RECEIVE COPY OF APPRAISAL**

Under the Federal Credit Opportunity Act if you are applying for a home loan or have offered your home as collateral, you have the right to receive a copy of the appraisal report used in your credit application, if you have paid in full for the appraisal report. If you wish to have a copy, request it in writing to the following address: FirstBank PO BOX 9146 San Juan PR 00908-0146, Attention Credit Administration Department, Code 212. Include with your letter: Your name as shown in the loan application; the name of the officer who processed your loan; the address where you receive your correspondence; and a statement requesting the copy of your appraisal report  
Your request must be received in our office on or before ninety (90) days after we notify you of action taken regarding your credit application or if you have decided not to continue with the loan application.

**NOTICE TO COSIGNER**

If you are being asked to guarantee this loan, think carefully before you do so. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount. The bank can collect this debt from you without first trying to collect from the borrower. The bank can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may be reflected in your credit record.  
This notice is not the contract that makes your liable for the debt.

**KNOW YOUR CUSTOMER**

Federal law requires that all financial Institutions obtain, verify and keep records regarding the information that identifies all persons who open accounts. This means that, when you open an account, we will ask for your name, address, date of birth and Social Security or Tax Identification number as well as other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In all cases, protection of our customer's identity and the confidentiality of customer information is our pledge to you.

Cordially,  
FIRSTBANK  
PO Box 9146  
San Juan PR 00908-0146  
Tel. (787)729-8200

**TO BE COMPLETED BY OFFICER OR INTERVIEWER**

This application was taken by;

Were all documents received with application

Yes  No

By interview

By Mail

By telephone

If no, date requested: \_\_\_\_\_

(See **Checklist** below for pending documents)

.....  
*Officer or Interviewer Signature*

.....  
*ID No.*

.....  
*Date*

**F O R B A N K U S E O N L Y**

*(If necessary attach additional comments)*

Comments: (Strengths, weaknesses, opinion and recommendation), \_\_\_\_\_

Date: \_\_\_\_\_

Signature (s): \_\_\_\_\_

Decision : \_\_\_\_\_

Interest rate: \_\_\_\_\_ Commission: \_\_\_\_\_ Prepayment Penalty: \_\_\_\_\_ Late Fees: \_\_\_\_\_

CHECKLIST	Yes	Pending
3 years of Business Financial Statements (F/S) and interim F/S if year end is less than 6 month	<input type="checkbox"/>	<input type="checkbox"/>
Personal and guarantors Financial Statements.	<input type="checkbox"/>	<input type="checkbox"/>
Checking account statements for the last three month (commercial and personal if separate.	<input type="checkbox"/>	<input type="checkbox"/>
If corporation 1) Articles of incorporation, 2) By Laws 3) Certificate of incorporation.	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Permit	<input type="checkbox"/>	<input type="checkbox"/>
Others according to loan requirements (aging of A/R, projections, contracts, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Page # 3 (Commercial Loan Disclosures) given to client	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledge having received the Commercial Loan Disclosures:

\_\_\_\_\_  
*Applicant Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant Signature* \_\_\_\_\_  
*Date*



## **COMMERCIAL LOAN DISCLOSURES**

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### **REGULATION B NOTICE (EQUAL CREDIT OPPORTUNITY ACT)**

If your Application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our office at the address mentioned below, within sixty (60) days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement. Please send your written request to: FirstBank PO BOX 9146 San Juan PR 00908-0146, Attention Credit Administration Department Code 212; and include the applicant's name; name of officer who processed your loan; address where you receive your correspondence and a statement requesting the reasons for denial.

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### **AUTHORIZATION**

By signing the application I authorized the Lender, FirstBank, to verify my past, present and to reverify the employment earning records, bank accounts, stocks, and any other asset balances that are needed to process my loan application. I further authorize FirstBank to order a consumer credit report and verify other credit information, including past and present obligations. By signing the application and if my application was approved the signature initially provided also authorizes FirstBank to reverify my credit information for the renewal of my credit.

Cordially,

FirstBank

## Commercial Credit Department Customer Information Sheet

**Note:** For the parts involved on Federal/State regulated banks, credit unions, governmental agencies and/or publicly trade companies, it would not be required to obtain the SSN information.

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**Borrower/Guarantor/Authorized Signer:** \_\_\_\_\_

Account Number: \_\_\_\_\_

Profession: \_\_\_\_\_ Corporate title: \_\_\_\_\_

Employer: \_\_\_\_\_ Yrs in Occupation: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_ Date Birth: \_\_\_\_\_ (if applicable)

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Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

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Primary ID: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Secondary ID \_\_\_\_\_ Expiration date: \_\_\_\_\_

Alien ID: \_\_\_\_\_ Country of issue: \_\_\_\_\_

Date Established: \_\_\_\_\_ Line of Business: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Contact Person and Title \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Borrower/Guarantor/Authorized Signer:** \_\_\_\_\_

Account Number: \_\_\_\_\_

Profession: \_\_\_\_\_ Corporate title: \_\_\_\_\_

Employer: \_\_\_\_\_ Yrs in Occupation: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_ Date Birth: \_\_\_\_\_ (if applicable)

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Place of birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

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