

BUSINESS LOAN APPLICATION

IMPORTANT: READ THESE Divided Please check one box: □ If you are applying for individent another person as the basis of applicant. We intend to apply for joint □ If you are applying for individent assets of another person are about the person on whose alime BUSINESS/BORROWER PR Borrower Name Borrower Telephone Borrower Address City Trade Name (if different) Mailing Address (if different)	vidual credit if for repayment oint credit we credit: APPLIC idual credit, but as the basis for rony, support, or	n your ow of the cre ith anothe CANT C ut are rely epayment o	rn name and are redit requested, complete (Initia O-APPLICANT ring on income from the credit requested)	lying on you blete all the all sections ls) om alimony, d, complete al	ar own incom applicable s , providing i child suppo I applicable se	ne or as ections. nformat rt or sep	sets and ion about parate mathe exten	not th t the a	applica	nt and	d the joint
Nature of Business											
Year Established					Years Un	der Curre	ent Owne	rship			
Number of Employees		Will this I	loan create jobs?				Annual S	Sales	\$		
BUSINESS STRUCTURE											
☐ Sole Proprietorship	Are you or yo	our busine	ess a party to any o	claim or law	/suit?					res	□ No
☐ Limited Partnership	Have you or	any busii	ness that you own	ed or opera	ted ever de	clared b	ankrupt	cy?		res	□ No
☐ Corporation			ess owe any taxes							res	□ No
Limited LiabilityCorporation	Is the business an Endorser, Guarantor, or Co-maker for any obligations not listed on its financial statements? \Box Yes \Box No										
☐ General Partnership	If you answer	ed yes to a	any of these question	ns, please pro	ovide the deta	ails as ar	attachm	ent.			
□ Other	Please describ	e:									
LOAN REQUEST											
☐ Business Line of Credit	Amount Requ	uested:	\$								
☐ Business Term Loan	Amount Req	uested:	\$		Preferre	d Term	(4, 5 or 7	years))		
☐ Commercial Mortgage	Amount Req	uested:	\$				up to 20				
Monthly Payment Option	☐ Automatic Deduction from Savers Business Checking Account Account #				☐ Monthly Statement						
What is the purpose of this I	oan?										
Will the proceeds from this	loan be used	to pay off	f an existing loan?	□ Yes	□ No		Amount		\$		
If yes, what is the name of the	current lender?				Loan Numb	er:					
WHAT WILL YOU OFFER A	AS COLLATER	RAL FOR	THIS LOAN?			1					
Type of collateral	Please comple	ete and atta	ach the following:								
☐ Deposit Account	☐ Accoun	t Number	/ Bank Name:								
☐ All Business Assets	□ Marketable Securities										
☐ Equipment	☐ A listing of primary equipment to be pledged with estimated value of: \$										
☐ Real Estate	□ Residential □ Industrial					□ Commercial					
Property Address:						Estima	ted Value				
□ Other	Please describ	ne:									
PRINCIPALS / GUARANTORS / BENEFICIAL OWNERS (25% or greater ownership and controlling person)*											
Name	CIAL OV	Title				6 Owner	ship		SS N	umber	

^{*}Additional information (date of birth; address; identification (or a copy), including ID number, ID Type, Issuer) will be required at closing for Beneficial Owners.

WHO PROVIDES YOUR PROFESSIONAL SERVICES?

Name		City / State	Telephone		
Accountant					
Attorney					
Business Insurance					

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) and/or individuals (Guarantor(s)) guaranteeing credit for others and I/we further agree that the Bank may, from time to time, request consumer credit reports containing credit and other information about me/us from third parties, such as credit bureaus and trade references. Applicant(s) acknowledge that representations made in this statement will be relied on by Savers Co-operative Bank herein named "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 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) and/or Guarantor(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) 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.

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 all 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, 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.

By signing below, each applicant declares that he/she has read and understands the statement above.

Applicant/Company Name:	Co-Applicant/Company Name:
Authorized Signature	Authorized Signature
Date	Date

EQUAL CREDIT OPPORTUNITY NOTICE

LQUAL CILLDIT OFF	OKTONITI NOTICE	
Were your gross revenues \$	1,000,000 or less in your previous fiscal year	ar? NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race,
□ Yes	□ No	color, religion, national origin, sex, marital status, age (providing the
right to a written statement date you are notified of Cre contacting:	the Creditor denies your application for crec t of the specific reasons for the denial. With editor's decision you may obtain a copy of the	in 60 days from the or because the applicant has in good faith exercised any right under the
Savers Bank John L. Fearing, SVP 270 Main Street / P. O. I Southbridge, MA 01550		FEDERAL DEPOSIT INSURANCE CORPORATION Consumer Response Center 1100 Walnut St, Box #11
The Creditor will send you	a written statement of reasons for the denia the statement. The notice at right describes	Kansas City, MÓ 64106

DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS

We may order an appraisal to determine the value of the collateral property listed above and charge you for this appraisal. If this appraisal is related to a one to four family residential property, we will promptly provide you with a copy of any valuation, even if your loan does not close.

You may also pay for an additional appraisal for your own use at your cost.

By signing below, I / we acknowledge that I / we have read and received a copy of this document.

Authorized Signature	Date	Authorized Signature	Date

To be completed by interviewer. This application was taken by:

Name (Print or type)		Savers Bank
rume (Fine or type)		270 Main Street
Signature		P.O. Box 250
Phone Number	Date Received	Southbridge, MA 01550

Revised: Feb-2019



BUSINESS LOAN APPLICATION Demographic Information Addendum

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" 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, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Borrower:				Co-Borro	wer:					
Ethnicity				Ethnicity						
Race	☐ American Indian/Ala	askan Native		Race	Race American Indian/Alaskan Native					
(Check	Name of Principal Trib			(Check	Name of Pri					
one or more)	 □ Asian			one or more)	□ Asian					
more)	□ Asian Indian	□ Chinese □ I	Filipino	morcy	□ Asian	Indian □ C	Chinese □ F	ilipino		
	□ Japanese		/ietnamese		□ Japan			ietnamese		
]	☐ Other Asian:				☐ Other Asian:					
Ī	□ Black or African Am	erican			□ Black or A	frican Ameri	ran			
☐ Black or African American					□ DIACK OF A	IIICall Alliell	Carr			
☐ Native Hawaiian or Other Pacific Islander						ner Pacific Isl	ander			
	□ Native □ Hawaiian	Guamanian or Chamorro	□ Samoan		☐ Native ☐ Guamanian or ☐ Samoan Hawaiian Chamorro					
1	☐ Other Pacific Islander:				□ Other Pacific Islander:					
_		J								
]	□ White				□ White					
□ I do not	wish to furnish this in	formation		☐ I do not wish to furnish this information						
C	¬ M-1-			C	□ M-1-					
	☐ Male	□ Female		Sex	□ Male t wish to furn		□ Female			
$\ \square$ I do not wish to furnish this information $\ \square$ I do					t wish to furn	ish this infor	mauon			
For Bank Use Only										
Application		e to face intervie	ew □ By	mail	By teleph	one	□ Email/Ir	iternet		
(Visual Observation or Borrower		nicity		Sex		ace				
		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No			
Surname) Co-Borrower				□ No	□ Yes	□ No	□ Yes	□ No		