

First Ponca Financial Inc.
CREDIT APPLICATION FOR A BUSINESS LOAN

BUSINESS CONTACT INFORMATION

Name & Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Federal ID #:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

PLEASE READ AND SIGN

1. I authorize First Ponca Financial Inc. to verify the information provide on this form as to the company's credit history.
2. I understand that I will need to attach the most recent 3 years Federal & State Tax Returns including the most recent business and personal financial statements.

SIGNATURES

Title:
Date:

Title:
Date: