

Applicant: _____ **Complete legal name under which tax returns are filed.**
Credit decisions are subject to a complete application, verification of information, and creditworthiness. Ohana Pacific Bank complies with Section 326 of the USA Patriot Act. That law mandates that Ohana Pacific Bank verify certain information about the Applicant when processing this application. To expedite processing of your request, please ensure that this application has been completely filled out and that any additional documents are attached

| PLEASE TELL US ABOUT YOUR CREDIT REQUEST | | | |
|---|--|---|---|
| Business Credit Required <input type="checkbox"/> Revolving Line <input type="checkbox"/> Loan <input type="checkbox"/> Increase Existing Line Account # _____ | Term Requested <input type="checkbox"/> _____ days <input type="checkbox"/> 1 Year <input type="checkbox"/> 2-3 Years <input type="checkbox"/> 4-5 Years <input type="checkbox"/> 6-10 Years <input type="checkbox"/> Other | Purpose of Line/Loan #1 _____ #2 _____ #3 _____ | Please check your legal status below: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien (A: # _____) <input type="checkbox"/> Other: _____ |
| Amount Required \$ _____ | | | |

| PLEASE TELL US ABOUT YOUR BUSINESS | | | |
|---|-------------------------|--------------------------------|---|
| Company Name: _____ | | Doing Business As (DBA): _____ | |
| Federal Tax ID: _____ | | | |
| Owner #1: _____ % owned | Owner #2: _____ % owned | | |
| Owner #3: _____ % owned | Owner #4: _____ % owned | | |
| Business Type (check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other | | | |
| Business Street Address _____ | | City _____ | State _____ Zip _____ |
| Previous Business Street Address (If less than 3 years from now) _____ | | City _____ | State _____ Zip _____ |
| Mailing Address, if different _____ | | City _____ | State _____ Zip _____ |
| Business Phone # () _____ | Fax # () _____ | Type of Business _____ | Date of Establishment (mm/yyyy) / / |
| Business Contact Name _____ | Title/Position _____ | Phone # () _____ | Under Current Management Since: (mm/yyyy) / / |
| Within the past seven (7) years: Has company or any principal owner or guarantor ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes, when (mm/yyyy) _____ Has company or any principal owner or guarantor ever defaulted on a loan? <input type="checkbox"/> No <input type="checkbox"/> Yes, when (mm/yyyy) _____ | | | |

| PLEASE TELL US ABOUT YOUR BANKING RELATIONSHIPS | | | |
|---|--------------------|--|-----------------------------------|
| Ohana Pacific Bank Customer since: Mo. _____ Yr. _____ | | Business Checking Account #: _____ | Checking Average Balance \$ _____ |
| Savings / Investment Average Balance \$ _____ | | | |
| Other Business Accounts - Name of Financial Institution _____ | | Balance: \$ _____ | |
| | | Does the company have any other loans pending? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of lender: _____ Amount: \$ _____ | |
| Name of Other Creditors _____ | Type of Loan _____ | Original Amount \$ _____ | Outstanding Balance \$ _____ |
| | | | Monthly Payment \$ _____ |
| | | | Note Date (mm/yy) _____ |
| | | | Maturity (mm/yy) _____ |

| QUESTIONS ABOUT YOUR BUSINESS | |
|--|--|
| Has the business been in existence for more than 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Are your sales seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes Please explain: _____ | |
| Do any customers represent more than 10% of your sales? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which customers: _____ | |
| Average number of days from sale to receipt of payment (age of receivables): _____ Average number of days to pay your payables (age of payables): _____ | |
| Do you sell to the Federal, State or City Government? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____ | |
| Who are your major competitors? _____ | |
| Does the company owe any past due taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much is past due? \$ _____ | |

| QUESTIONS ABOUT MANAGEMENT | |
|---|--|
| Do the owners actively manage the business? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ %) | |
| How much experience do the owners have in this industry? _____ Years | |
| Who would manage the company in the absence of the owner? (Family? Other Owners? Others?): _____ | |
| Who is your accountant? Name: _____ | May we contact your accountant? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Who is your insurance company? Company Name: _____ | Agent Name: _____ |

| FINANCIAL SUMMARY | | | |
|-------------------------|---------------------------------|-----------------------------|-----------------------------|
| | Most Recent Fiscal Year 20_____ | Prior Fiscal Year 1 20_____ | Prior Fiscal Year 2 20_____ |
| Annual Sales | | | |
| Cost of Goods Sold | | | |
| Depreciation & Interest | | | |
| Net Income (Losses) | | | |

| Balance Sheet as of Date: | |
|---------------------------|--|
| Cash | |
| Accounts Receivable | |
| Inventory | |
| Fixed Assets & Equipment | |
| Accounts Payable | |
| Short Term Debt | |
| Long Term Debt | |
| Owner's Equity | |

Agreement: By signing below, applicants certify that the information provided on and with this application is complete and correct, and that the signers below are authorized to execute this application on behalf of Applicant. Applicant authorizes Ohana Pacific Bank to obtain credit reports, employment history, and other information about Applicant from others, including tax returns and information from the IRS and Franchise Tax Board, and to release information to others regarding its credit experience with Applicant.

| REQUIRED SIGNERS: We certify that we are authorized to sign this document on behalf of the applicant. If other than sole-proprietor, attach proof of this authority. | | | |
|---|-----------------|------------------|------------------------|
| X | Signature _____ | Print Name _____ | Title _____ Date _____ |
| X | Signature _____ | Print Name _____ | Title _____ Date _____ |

| Bank Use Only | | | |
|---|-------------------|--|--------------|
| Sales Officer's Name & Code | Date App Received | Branch Name & Code | Referred by: |
| Loan Officer Site Visit Date & Initial | Manager | NAICS Code | |
| Class Code | Note # | Note Misc. Code | |
| CRA Loan Classification | CRA Code | Employee / Director Code | |
| | | Promotion Code | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete/Abandoned <input type="checkbox"/> Counteroffer <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other | | <input type="checkbox"/> Adverse Action Reasons: _____ _____ _____ | |
| DATE APPLICATION COMPLETE: _____ DATE OF ACTION: _____ 2ND REVIWER (DENIED LOANS ONLY) _____ DATE OF 2ND REVIEW: _____ | | | |