

THE MIDDLEFIELD BANKING COMPANY

15985 East High Street
PO Box 35
Middlefield Oh 44062

Bank Use Only
Approved ( ) \_\_\_\_\_
Declined ( ) \_\_\_\_\_

BUSINESS PURPOSE CREDIT APPLICATION

Business Name: \_\_\_\_\_
Street Address: \_\_\_\_\_ County: \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_
Tax ID: \_\_\_\_\_
Business Type: ( ) C Corp. ( ) S Corp. ( ) LLC ( ) Partnership ( ) Proprietorship
Business Line: \_\_\_\_\_
Amount Requested: \$ \_\_\_\_\_
Business Started: Year: \_\_\_\_\_
Purpose of Loan: Use of funds: \_\_\_\_\_
Collateral: \_\_\_\_\_
Collateral Ownership: Name: \_\_\_\_\_
Business Ownership: Name / Title \_\_\_\_\_, \_\_\_\_ % Name / Title \_\_\_\_\_, \_\_\_\_ %
Outstanding judgments ( ) Yes, By whom? \_\_\_\_\_ Reason: \_\_\_\_\_ ( ) No
Prior bankruptcy ( ) Yes, When? \_\_\_\_\_ Reason: \_\_\_\_\_ ( ) No

I certify that everything in this application and any attachments, including financial information, is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my personal credit, the credit of my company, my employment history and to answer questions others may ask you about my credit and the company's credit with you. I understand that I must update credit information when it changes. You may retain any documents provided to you by me (us).
The Ohio Laws against discrimination requires that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.
I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts applicable under provisions of Title 18, United States Code, Sections 1014.

Company: (Name)

By: \_\_\_\_\_ Title: \_\_\_\_\_
(Name, title)

By: \_\_\_\_\_ Title: \_\_\_\_\_
(Name, title)

[ ] Joint Credit - We intend to apply for joint credit.
(Initials) \_\_\_\_\_

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

For HMDA Reportable Loans, Complete the Following:

Date of Application \_\_\_\_\_

Form of Application (Circle One) Face to Face Mail Telephone Other \_\_\_\_\_