

BUSINESS INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

| | |
|--------------|---------------------------|
| COUNTY _____ | NUMBER OF EMPLOYEES _____ |
|--------------|---------------------------|

| | |
|--------------------------|--------------------|
| TELEPHONE () _____ | TAX I.D. NO. _____ |
|--------------------------|--------------------|

DESCRIPTION OF BUSINESS _____

BUSINESS STATUS: Corporation Partnership Sole Proprietorship Other (describe) _____

DATE BUSINESS ESTABLISHED/INCORPORATED _____

STATE OF INCORPORATION (IF APPLICABLE) _____

BUSINESS ACCOUNT AT (BANK NAME/ADDRESS/CONTACT) _____

OWNERSHIP INFORMATION

(Owners having 20% or greater interest. Use separate sheet if necessary)

| | |
|-----------------------|------------------------------|
| *NAME AND TITLE _____ | SOCIAL SECURITY NUMBER _____ |
|-----------------------|------------------------------|

HOME ADDRESS _____

| | |
|----------------------------|---|
| PERCENT OF OWNERSHIP _____ | ANNUAL COMPENSATION FROM BUSINESS _____ |
|----------------------------|---|

| | |
|-----------------------|------------------------------|
| *NAME AND TITLE _____ | SOCIAL SECURITY NUMBER _____ |
|-----------------------|------------------------------|

HOME ADDRESS _____

| | |
|----------------------------|---|
| PERCENT OF OWNERSHIP _____ | ANNUAL COMPENSATION FROM BUSINESS _____ |
|----------------------------|---|

| | |
|-----------------------|------------------------------|
| *NAME AND TITLE _____ | SOCIAL SECURITY NUMBER _____ |
|-----------------------|------------------------------|

HOME ADDRESS _____

| | |
|----------------------------|---|
| PERCENT OF OWNERSHIP _____ | ANNUAL COMPENSATION FROM BUSINESS _____ |
|----------------------------|---|

| | |
|----------------|--------------------------|
| ATTORNEY _____ | TELEPHONE () _____ |
|----------------|--------------------------|

ADDRESS _____

| | |
|------------------|--------------------------|
| ACCOUNTANT _____ | TELEPHONE () _____ |
|------------------|--------------------------|

ADDRESS _____

INSURANCE COMPANY _____

| | |
|-------------|--------------------------|
| AGENT _____ | TELEPHONE () _____ |
|-------------|--------------------------|

USE OF PROCEEDS

(For business purposes only)

Total Amount Requested: \$ _____

To be used for:

| <u>Amount</u> | <u>Purpose</u> |
|---------------|----------------|
| \$ _____ | _____ |
| \$ _____ | _____ |
| \$ _____ | _____ |

COLLATERAL TO SECURE REQUEST FOR LOAN

| <u>Description</u> | <u>Current Value</u> | <u>Source of Value</u> |
|--------------------|----------------------|------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

OTHER DEBT PAYMENTS: Finish the following information on all contracts, leases, notes and mortgage payments. Indicate by an asterisk any items to be repaid by loan proceeds. Use separate sheets if more room is needed.

| <u>To Whom Payable</u> | <u>Original Balance</u> | <u>Present Balance</u> | <u>Monthly Payment</u> | <u>Interest Rate</u> | <u>Maturity Date</u> | <u>Collateral</u> |
|------------------------|-------------------------|------------------------|------------------------|----------------------|----------------------|-------------------|
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ % | _____ | _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ % | _____ | _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ % | _____ | _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | _____ % | _____ | _____ |

CONTINGENT LIABILITIES

AS GUARANTOR OR CO-MAKER

CONTRACTS, LEASES, ETC.

Are any liabilities now past due? Yes No

If yes, please explain: _____

Statement must be signed below:

To: MB Financial Bank, N.A.

I/We authorize the Bank to make whatever credit inquiries or verification of information or to request any additional information that it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any person or reporting agency to compile and furnish to the Bank any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain the Bank's property whether or not credit is extended. I/We authorize the Bank to share application or account information or answer questions about the Bank's credit experience with me/us to third parties.

This information contained herein is submitted for the purpose of procuring, establishing and maintaining credit for a commercial or business purpose with you in behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that a) the foregoing application (including all exhibits) has been carefully read and is true, correct and complete and that you may consider this statement as continuing to be true, correct and complete until a written notice of a change is given to you by the undersigned, b) I/we are of the age of majority and sign this application and c) that this application and loan is for a business or commercial purpose and the proceeds will not be used for any personal, family or household purposes.

If Applicant is a Sole Proprietorship or Partner, sign below:

By _____ Date _____

If Applicant is a Corporation, sign below:

Corporate Name

By _____ Date _____
President

Attested by _____ Date _____
Corporate Secretary

SEAL:

If my/our application for business credit is denied, I/we have the right to a written statement of the specific reasons for the denial. To obtain the statement, I/we may contact the Compliance Officer designated below within 60 days from the date I/we are notified of the Bank's decision. The Bank will send me/us a written statement of reasons for the denial within 30 days of the Bank receiving my/our request for the denial statements.

Compliance Officer
MB Financial Bank, N.A.

Telephone Number

EQUAL OPPORTUNITY NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: 7th District, Federal Reserve Bank of Chicago, Illinois 60604.