



BUSINESS LOAN APPLICATION

4320 Linglestown Road, Harrisburg PA 17112
717.657.7727 | CentricBank.com

MEMBER FDIC

1 | TYPE OF CREDIT

Type of Loan	Amount Requested	Primary Purpose of the Loan:
<input type="radio"/> Business Line of Credit	\$	
<input type="radio"/> Equipment Term Loan - Number of Months:	\$	
<input type="radio"/> Letter of Credit	\$	
<input type="radio"/> Commercial Mortgage Loan - Number of Months:	\$	

2 | BUSINESS INFORMATION

Beginning Date of Ownership		Annual Revenue \$	Fiscal Year End
Date the Business Was Established		Is this a start-up business? <input type="radio"/> Yes <input type="radio"/> No	Tax ID Number
Business Name (exact legal)			
Business Street Address			
City	State	Zip	County
Website		Phone	Fax
Type of Business Entity <input type="radio"/> Corporation <input type="radio"/> Sole Proprietorship <input type="radio"/> Subchapter "S" Corporation <input type="radio"/> Limited Liability Partnership <input type="radio"/> General Partnership <input type="radio"/> Limited Liability Corporation <input type="radio"/> Individual <input type="radio"/> Other: _____			
State in Which the Business Was Formed		NAICS Code www.naics.com/search.htm	
Name and Phone of Accountant		Name and Phone of Attorney	

INTENT TO APPLY FOR JOINT CREDIT

If this is an application for joint credit, the Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below).

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

3 | APPLICANT SIGNATURES

I / We hereby apply for the loan or credit described in this application. I / We certify that I / we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I / we did not omit any important information. I / We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my / our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my / our account. I / We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I / We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my / our application, credit, or loan.

APPLICANT

CO-APPLICANT

Signature

Date

Signature

Date

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASON FOR CREDIT DENIAL

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact us within sixty (60) days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement. Please send requests to: Attn: Don Bonafede, Commercial Lending Officer, Centric Bank, 1826 Good Hope Road, Enola, PA 17025.

Please include the following information:

- Your name;
- The type of loan for which you applied;
- The financial center where the application was submitted; and
- The action taken on your application.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided 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: FDIC Consumer Response Center | 1100 Walnut Street, Box #11, Kansas City, MO 64106.

Please print and save this application for your records. Submit your application in person or by postal mail to 1826 Good Hope Road, Enola PA 17025; Attn: Don Bonafede; or fax to 717.657.7748. We will contact to you within 48 hours of receiving your application.