



**BANGOR SAVINGS BANK
BUSINESS LOAN APPLICATION AND AGREEMENT**

APP ID #: _____

BUSINESS INFORMATION (Please complete all areas of this section)

Legal Name of Business Applicant		Business Phone ()		Federal Tax ID#	
Company Address (No P.O. Boxes)		City		State	
Mailing Address (if different)		City		State	
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S. Corp. <input type="checkbox"/> C. Corp. <input type="checkbox"/> Non-Profit					
Description of Business:					
Last Full Year-End (MM/YY)	Gross Annual Sales \$	Annual Net Income \$	Interest Expense \$	Depreciation Expense \$	
Organized In Which State	Date Business Established	Date Business Purchased	Existing Customer with Bangor Savings Bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Checking Account Balance \$	Bank Where Account is Held	Savings Account Balance \$	Bank Where Account is Held	No. of Employees	

OUTSTANDING BUSINESS LOANS, INCLUDE THOSE WITH BANGOR SAVINGS BANK: (Use Additional Sheets if Necessary)

Lender	Type of Loan	Current Balance	Monthly Payment	Loan Secured By
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

CREDIT REQUEST

<input type="checkbox"/> Complete Overdraft Protection (\$2,500 - \$10,000)	\$	
<input type="checkbox"/> Line of Credit (Minimum \$10,000)	\$	
<input type="checkbox"/> Term Loan (Minimum \$5,000)	\$	Term: _____
<input type="checkbox"/> Commercial Real Estate Mortgage (Minimum \$25,000)	\$	Term: _____
<input type="checkbox"/> Other:	\$	Term: _____

COLLATERAL

<i>Check all that apply</i>	Collateral Value	Value Based On	Name Title Is Held	Secure Other Loans?
<input type="checkbox"/> All Business Assets	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Accounts Receivable/Inventory	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Equipment/Furniture/Fixtures	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Real Estate	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Vehicle(s)	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Savings/CD's/Securities	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Other:	\$			Yes <input type="checkbox"/> No <input type="checkbox"/>

Please describe the collateral securing the loan(s):

Is the collateral being pledged owned by the business or owners of the business? Yes No

DECLARATIONS

Are you or is your business a party to, or threatened with any claim or lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or has any business that you owned or operated ever declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or does your business owe any taxes for years prior to the current year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the business incurred a loss in any of the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the business under any agreement that would change the ownership of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this Business Applicant have any other credit applications pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**For loan requests of \$50,000 or less,
please complete the Personal
Financial Information section below.**

**For loan requests over \$50,000
please complete our separate
Personal Financial Statement form
and provide the following:**

- Year-end Business Tax Returns (All Schedules) - Two (2) years if request is less than \$250,000; three (3) years if \$250,000 or greater
- Year-end Financials (Balance Sheet & Income Statement)
- Interim Business Balance Sheet and (YTD) and Income Statement - Within 90 days of application date
- Personal Tax Returns (All Schedules) - Two (2) year if request is less than \$250,000; three (3) years if \$250,000 or greater

PERSONAL FINANCIAL INFORMATION – Company Owners 20% or More and Other Guarantors (Use Additional Sheets if Needed)

1	Name	Title	% of Business Owned	Home Phone ()	Social Security Number	Date of Birth
	Physical Street Address (No P.O. Boxes)		City	State	Zip	U.S. Citizen
Driver's License #	State:	Occupation:	Date Issued:	Expiration Date:		
Employer		Years With Employer	Will You Continue With This Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Total Annual Income*	Cash and Investments	If Homeowner: Market Value	Current Mortgage Balance	Mortgage or Rent Payment	Other Personal Assets	Personal Liabilities
\$	\$	\$	\$	\$	\$	\$

**Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.*

2	Name	Title	% of Business Owned	Home Phone ()	Social Security Number	Date of Birth
	Physical Street Address (No P.O. Boxes)		City	State	Zip	U.S. Citizen
Driver's License #	State:	Occupation:	Date Issued:	Expiration Date:		
Employer		Years With Employer	Will You Continue With This Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Total Annual Income*	Cash and Investments	If Homeowner: Market Value	Current Mortgage Balance	Mortgage or Rent Payment	Other Personal Assets	Personal Liabilities
\$	\$	\$	\$	\$	\$	\$

**Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.*

Purpose of Loan Request:

Agreement and Signatures

By signing below, each principal, owner, guarantor, or co-borrower that will be personally liable for the debt (“You” or “I”) hereby authorizes Bangor Savings Bank (the “Bank”) to make or have made on each and any of them any credit, employment or investigative inquiry that the Bank determines appropriate for the extension of credit or the collection of amounts owed to the Bank. The Bank can furnish information concerning your account to consumer reporting agencies and others who may properly receive that information. Upon request, you will be informed whether or not a consumer report was requested, and if a report was requested, you will be informed of the name and address of the consumer-reporting agency that furnished the report. You further certify that the credit being applied for will be used for business purposes.

If you apply for and are approved for an overdraft protection line of credit, you may be approved up to the maximum amount which is available and for which you qualify. If the line of credit is approved, you will receive from the Bank a welcome letter and a credit agreement which will set forth the terms and conditions governing the credit line. Your credit limit, finance charges, monthly payment, and other terms pertaining to the credit line will be set forth in the credit agreement. These terms give the Bank certain rights upon default, including a right of setoff against accounts you may hold with the Bank, the right impose late fees and interest rate increases, the right to seek collection costs, and the right to terminate the credit line, this Agreement, and the credit agreement. You should carefully review the terms of the credit agreement before making draws on the credit line.

By making a draw on the credit line, you will be representing and agreeing that you have reviewed and will be bound by the terms of this application and agreement, the credit agreement, the welcome letter and any other supplemental agreement provided to you. You agree that no further signatures will be necessary to bind you to the credit agreement and/or any supplemental agreement. If the line of credit is approved as secured, you may be required to sign additional documents evidencing a security interest before the line of credit is made available to you.

BY SIGNING THIS AGREEMENT, YOU HEREBY EXPRESSLY AND VOLUNTARILY WAIVE THE RIGHT TO ANY JURY TRIAL IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM INVOLVING THE BANK AS TO ANY MATTER, CLAIM OR CAUSE OF ACTION ARISING OUT OF OR IN ANY WAY RELATED TO THIS AGREEMENT OR THE CREDIT AGREEMENT.

If property is used as collateral, it must be insured on the day of closing. The amount of insurance coverage must be equal to the lesser of the insurable value or the loan amount. You have the right of free choice in the selection of the agent and insurer through or by which the insurance is to be placed.

If the loan is secured by a first lien on a residential property, we will order an appraisal to determine the property’s value and charge you for this appraisal. We will, promptly after our review, provide you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost. Regulation B requires delivery of the residential appraisal three days prior to closing. You may waive this three day requirement by completing a waiver form.

If a commercial appraisal is required, you have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at P. O. Box 930, Bangor ME 04402-0930 Attn: Business Underwriting. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institution to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

I represent and warrant that I am duly authorized to execute and enter into this application for the Applicant. Everything that I have stated and all financial information provided as part of this application is correct to the best of my knowledge. By signing below, I agree to be bound by this application and agreement, including, if requested and approved, all obligations hereunder, including the obligation to agree to review and be bound by the terms of the credit agreement before making draws on a line of credit.

COMPANY AND GUARANTOR SIGNATURES - (Please sign both places)		
Company Authorized Signer X	Title	Date
Guarantor #1 X		
Company Authorized Signer X	Title	Date
Guarantor #2 X		
Guarantor #3 X	Guarantor #4 X	

BANK USE ONLY	Officer #	Branch #
Lender Name (Print):	Date Received by Lender:	Lender’s Phone Extension:

PURPOSE OF LOAN (To be completed by Lender if required)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Purchase - purchase of home or dwelling where the loan is secured by a dwelling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Home Improvement - home improvement loan secured or unsecured | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Refinance - payoff of existing loan secured by a dwelling and new loan also secured by a dwelling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered **YES** to **ANY** of the above, have the customer read the disclosure and have the customer complete the form below. If the application is taken by telephone, you must read the disclosure below to the applicant and ask for the information. Note the applicant's responses. The applicant may provide multiple race categories. Record each one provided. If the customer chooses not to furnish the information in a face-to-face application, you must note the information based on visual observations or surnames. If a customer chooses not to provide the information in an application taken by telephone, you do not have to provide the information or collect it later. For customers that are not natural persons (e.g., business entities), enter the customer name and application date and write "NA" across the form.

Information for Government Monitoring Purposes

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis on visual observations or surname. If you do not wish to furnish the information, please check below.

APPLICANT:

CO-APPLICANT:

Name

Name

DATE: ___/___/___

DATE: ___/___/___

I do not wish to furnish this information

I do not wish to furnish this information

Ethnicity:

Ethnicity:

Hispanic or Latino

Hispanic or Latino

Not Hispanic or Latino

Not Hispanic or Latino

Race:

Race:

American Indian or Alaska Native

American Indian or Alaska Native

Asian

Asian

Black or African American

Black or African American

Native Hawaiian or Other Pacific Islander

Native Hawaiian or Other Pacific Islander

White

White

Sex:

Sex:

Female

Female

Male

Male

BANGOR SAVINGS BANK FINANCIAL GROUP CUSTOMER IDENTIFICATION POLICY (CIP) FORM for BUSINESS ENTITY

(Required for All New Business Relationships)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or is added to an existing one.

What this means to you: When you open an account, have your name added to an existing one or are an authorized signer on a business account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see one or more identifying documents.

Acknowledge:

As either an owner on a new account, an additional owner on an existing account, or as an authorized signer on behalf of a business account, I acknowledge reviewing the above notification and certify that all information provided is valid and the identification documents presented by me represents my true identity. I also understand that by signing this document, Bangor Savings Bank may obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. **I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, Bangor Savings Bank will communicate this fact to owners and/or authorized signers on the (proposed) account. I further authorize Bangor Savings Bank to obtain such information at any time from one or more reporting agencies that it may choose as long as I am an authorized signer on the account.**

Authorized Signer for Business: _____

Date: _____

BUSINESS NAME _____ **TIN/EIN** _____

MAILING ADDRESS _____ **PHONE** _____ **EMAIL** _____

CITY STATE ZIP _____

If Different than Mailing Address:

PHYSICAL ADDRESS _____

CITY STATE ZIP _____

WEBSITE ADDRESS _____

- Type of Account:** Checking Savings Time Deposit/IRA Loan Safe Deposit Box
 Trust Brokerage Bangor Insurance Bangor Payroll Merchant Services

Indicate Nature of the Business _____ **NAICS (www.naics.com)** _____

Account # _____

CIF # _____

REQUIRED DOCUMENTATION / INFORMATION for BUSINESS (all fields must be completed for a specific line)

	Required Documents		
	Business Papers	Resolutions	CIP/Questionnaire
Partnership	Partnership Agreement	Resolution (if auth. signers)	CIP/Q Part. + CIP Auth. Signers
Corporation	Articles of Incorporation	Resolution	CIP Auth. Signers
Limited Liability Company	Articles of Organization	Resolution (if auth. signers)	CIP/Q Owner + CIP Auth. Signers
Not-For-Profit	IRS or Paperwork Indicating NFP Status	Resolution	CIP Auth. Signers
Doing Business As (D/B/A) or Revocable Trust		Resolution (if auth. signers)	CIP/Q Bus. + CIP/Q Ind./Trustees + CIP Auth. Signers (for DBA only)
Legal/Irrevocable Trust	Trust Agreement		CIP/Q Trustee(s)
Estate	Personal Rep. Papers		CIP/Q Per. Rep.(s)
Municipal		Resolution	CIP Auth. Signers
Association	Articles of Org. or Meeting Minutes where Officers are elected	Resolution	CIP Auth. Signers

Verification of registration & good standing status at www.state.me.us or obtain document listed above.

For Not-For-Profit organization, if opening a Business NOW account, must have IRS paperwork showing Not-For-Profit status or obtain verification at <http://apps.irs.gov/portal/site/pub78> (attach screen print).

LOAN SETTLEMENT ATTORNEY / LOAN CLOSING AGENT: I have reviewed the original, un-expired identification document(s) and believe it reasonably establishes the true identity of the business named.

Printed Name _____

Signature _____

Date _____

BANK VERIFICATION: I have reviewed the required documents and believe they reasonably establish the true identity of the business named.

Completed By: _____ Officer #: _____ Branch/Dept.: _____ Date: _____

**BANGOR SAVINGS BANK FINANCIAL GROUP
CUSTOMER IDENTIFICATION POLICY (CIP) FORM**

**VERIFICATION OF AN AUTHORIZED SIGNER
ON A BUSINESS ACCOUNT**

(Required for All New Relationships)

BUSINESS ACCOUNT #: _____

CIF #: _____

ACCOUNT TITLE: _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or is added to an existing one.

What this means to you: When you open an account, have your name added to an existing one or are an authorized signer on a business account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see one or more identifying documents.

I acknowledge:

As either an owner on a new account, an additional owner on an existing account, or as an authorized signer on behalf of a business account, I acknowledge reviewing the above notification and certify that all information provided is valid and the identification documents presented by me represents my true identity. I also understand that by signing this document, Bangor Savings Bank may obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. **I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, Bangor Savings Bank will communicate this fact to owners and/or authorized signers on the (proposed) account. I further authorize Bangor Savings Bank to obtain such information at any time from one or more reporting agencies that it may choose as long as I am an authorized signer on the account.**

NOTE: If you cannot complete this form in the presence of a Bangor Savings Bank employee, then a notary public must verify your identification, document it in the Required Documentation section and complete the specific Notary Attestation box.

Signature: _____ Date: _____

AUTHORIZED SIGNER'S INFORMATION

NAME _____ **SSN/EIN** _____ **DOB** _____

HOME MAILING ADDRESS _____ **PHONE** _____ **EMAIL** _____

CITY STATE ZIP _____ **OCCUPATION** _____

If Different than Mailing Address: _____ **EMPLOYER** _____

HOME PHYSICAL ADDRESS _____ **MOTHER'S MAIDEN NAME** _____

CITY STATE ZIP _____ **SEX** **M** **F**

REQUIRED DOCUMENTATION for AUTHORIZED SIGNER (all fields must be completed for a specific line)

(Government Issued, Unexpired Picture ID, if applicable)

	Identification #	Date Issued	Exp. Date	Issued By
ME Driver's License				N/A
ME State Issued Identification				N/A
Military ID				
Other U. S. Driver's License				
Canadian Driver's License				
Passport				
Elderly or Disabled – Utility Bill +	Utility bill must be w/in 3 months and list St. Addr.			
Elderly or Disabled – Medical Ins. Card			N/A	
SSN Card + Birth Certificate +			N/A	
Utility Bill for Address Verification	Utility bill must be w/in 3 months and list St. Addr.			

NOTARY ATTESTATION: I have reviewed the original, un-expired identification document(s) and believe it reasonably establishes the true identity of the individual named.

County of _____ Date: _____
 State of _____ Notary Public Signature _____
 My Commission Expires: _____ Notary Public Printed Name _____

BANK VERIFICATION: I have reviewed the required documents and believe they reasonably establish the true identity of the individual named.

Completed By: _____ Officer #: _____ Branch/Dept.: _____ Date : _____
 Rev. 10/16/2012

QUESTIONNAIRE for BUSINESS ENTITY

(Required for All New Business Relationships)

NAME _____ CIF# _____

ACCOUNT # _____ COUNTY OF BUS. ADDRESS _____

	YES	NO
# of Years in Business in Maine		
Less than one year	<input type="checkbox"/>	<input type="checkbox"/>
1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>
> 5 years	<input type="checkbox"/>	<input type="checkbox"/>
Other Locations		
Does this business have any other locations, affiliated offices, etc. located outside the state of Maine?	<input type="checkbox"/>	<input type="checkbox"/>
Does this business have any foreign locations (includes Canada)?	<input type="checkbox"/>	<input type="checkbox"/>
Bank		
Is the customer a financial institution?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it a foreign bank?	<input type="checkbox"/>	<input type="checkbox"/>
Wires/Automated Clearing House (ACH)		
Does customer plan on initiating wires?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, international wires?	<input type="checkbox"/>	<input type="checkbox"/>
Will customer originate ACH transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Cash Transactions/Monetary Instruments		
If ATM on site, is the customer responsible for the cash replenishment servicing (as opposed to having a third party vendor responsible for the cash replenishment)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the business generally handle large volumes of cash (defined as over \$5,000 cash deposited or withdrawn at bank per week)?..	<input type="checkbox"/>	<input type="checkbox"/>
Does the business offer currency exchange to their customers?	<input type="checkbox"/>	<input type="checkbox"/>
Does the business issue, sell or redeem monetary instruments (i.e., traveler's checks, any official checks, money orders, etc.) or stored value cards?	<input type="checkbox"/>	<input type="checkbox"/>
Are money transfer services (like Western Union) provided in any amount, OR are checks cashed, currency exchanged, or monetary instruments sold in amounts greater than \$1,000 for any one person on any day in one or more transactions?	<input type="checkbox"/> *	<input type="checkbox"/>
Account Opening		
Was the account opened by mail/internet/messenger?	<input type="checkbox"/>	<input type="checkbox"/>
Does the customer plan on having more than five authorized signers on their accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Will the customer be opening multiple accounts at this time?	<input type="checkbox"/>	<input type="checkbox"/>
Internet		
Does the customer conduct business, i.e. sales, using the Internet?..	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it prohibit transactions in connection with unlawful Internet gambling?.....	<input type="checkbox"/>	<input type="checkbox"/> *

*Answering these questions with the answer noted by a red asterisk requires further discussion prior to opening the account. Please contact Risk Management, Compliance or Retail Operations **prior** to opening the account.

Bank Use Only:
Form Received Br. #: _____ By: _____ Officer #: _____ Date: _____

Dept. Use Only: _____
Rev. 04/07/2011



PERSONAL FINANCIAL STATEMENT AS OF: ___/___/___

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer and Address			Employer and Address		
Business Phone	No. of Years	Title/Position	Business Phone	No. of Years	Title/Position
Previous Employer & Position		No. of Years	Previous Employer & Position		No. of Years
Home Address			Home Address		
Home Phone	Social Security No.	Date of Birth	Home Phone	Social Security No.	Date of Birth
Email Address			Email Address		

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED: _____

ANNUAL INCOME	SOURCES	AMOUNT (\$)
Salary (applicant)		
Salary (co-applicant)		
Bonuses & Commissions		
Interest & Dividend Income		
Rental/Real Estate Income		
Other Investment Income		
Capital Gains		
Other Income* (Describe Below):		
TOTAL INCOME (\$)		

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal, State & Other Income Taxes	
Property Taxes Residential/Investment	
Rental Payments, Co-Op, or Condo Maintenance	
Mortgage Payments Residential/Investment	
Interest & Principal Payments on Loans	
Insurance/Medical Expenses	
Alimony/Child Support	
Other Expenses (Describe Below):	
TOTAL EXPENDITURES (\$)	

** Income from alimony, child support, or other income need not be revealed if the applicant/co-applicant does not wish to have it considered as a basis for repayment.*

PERSONAL INFORMATION	
Are you a guarantor, co-maker, or endorser for any debt?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are there any suits or legal actions pending against you?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are any of your tax obligations past due?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you obligated to pay alimony or child support?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you or any entity in which you were a major owner ever declared bankruptcy?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have any outstanding letters of credit or surety bonds?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you contingently liable on any lease or contract?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a line of credit or unused credit facility at any other financial institution(s)?	Y <input type="checkbox"/> N <input type="checkbox"/>
If you answer <u>YES</u> to any of the questions above please attached a separate sheet to provide additional details with dollar amounts.	

BALANCE SHEET AS OF: ____/____/____

ASSETS		AMOUNT (\$)	LIABILITIES		AMOUNT (\$)
Cash Accounts			Real Estate Mortgage Debt (Schedule B)		
Marketable Securities (Schedule A)			Life Insurance Loans (Schedule C)		
Nonmarketable Securities			Loans Payable to Bank (Schedule E)		
Real Estate Owned (Schedule B)			Notes Payable to Others (Schedule E)		
Automobiles & Other Personal Property			Credit Cards (Schedule E)		
Cash Value Life Insurance (Schedule C)			Unpaid Taxes		
IRA or Other Retirement Account					
Partnerships/Other Interests/Corps (Schedule D)					
Other Personal Assets (Describe Below):			Other Liabilities (Describe Below):		
TOTAL ASSETS:			TOTAL LIABILITIES:		
Net Worth = (Total Assets - Total Liabilities) NET WORTH:					

SCHEDULE A - Marketable Securities (INCLUDING U.S. GOVERNMENT AND MUNICIPALS)

Description of Stock or Bond	Owner(s)	Cost	Current Market Value	Security for Loan
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

SCHEDULE B - Personal Residence & Real Estate Investments, Mortgage Debt (INCLUDE HOME EQUITY LOANS)

Property Address	Legal Owner	Purchase Price		Market Value	Present Loan Balance	Monthly Payment	Lender
		Year					

SCHEDULE C - Life Insurance

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

SCHEDULE D - Partnerships and S Corporations

Type and Name of Investment	Date of Initial Investment	Cost	% Owned	Current Market Value	Loans Due	Current Year Investments

SCHEDULE E - Loans Payable to Banks and Others (INCLUDES CREDIT CARDS, AUTO LOANS, PERSONAL LOANS, ETC.)

Due to	Amount	Type of Facility	Unpaid Balance	Interest Rate	Monthly Payment	Collateral

Representations and Warranties

The information contained in this Personal Financial Statement (hereinafter "PFS") is provided to induce Bangor Savings Bank (hereinafter "Bank") to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. Each undersigned acknowledges and understands that Bank is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each undersigned agrees to notify Bank immediately and in writing of any material or adverse change in any of the information contained in this statement. In the absence of such notice or a new and full written PFS, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify Bank as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned immediately due and payable.

Bank is authorized to make all inquiries Bank deems necessary to verify the accuracy of the information and to determine the credit-worthiness of the undersigned. Each undersigned authorizes Bank to obtain information concerning each undersigned's credit standing from time to time, including, but not limited to, obtaining one or more consumer reports on each undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes Bank to answer questions about Bank's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Bank is outstanding, the undersigned shall supply annually an updated financial statement.

Your Signature Date

Co-Applicant's Signature Date
(if you are requesting the financial accommodation jointly)

Use this space to provide additional information or detail.

PROFIT AND LOSS STATEMENT

For Year Beginning _____ and Ending _____

Net Sales _____

Less Cost of Goods Sold _____

Gross Margin _____

Operating Expenses

Gross Wages _____

Payroll Expenses _____

Outside Services _____

Supplies _____

Repairs and Maintenance _____

Advertising _____

Car, Delivery, and Travel _____

Accounting and Legal _____

Rent _____

Telephone _____

Utilities _____

Insurance _____

Taxes (Real Estate, etc.) _____

Depreciation _____

Interest _____

Miscellaneous _____

Total Expenses _____

Operating Profit _____

Taxes _____

Net Profit (Loss) _____

Business Name														
Cash Flow Projection														
	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Total
	1	2	3	4	5	6	7	8	9	10	11	12	12 Months	
SALES														-
														-
														-
TOTAL SALES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
VARIABLE EXPENSES														-
														-
TOTAL VARIABLE EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FIXED EXPENSES														-
Wages														-
Payroll Taxes														-
Office Expenses														-
Insurance														-
Advertising														-
Supplies														-
Utilities														-
Telephone														-
Repair & Maintenance														-
Legal & Accounting														-
Dues & Subscriptions														-
Rent														-
Miscellaneous														-
TOTAL FIXED EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CASH FLOW FROM OPERATIONS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER ACTIVITIES														-
Owner's Draw (-)														-
Owner's Investment (+)														-
Loan Proceeds (+)														-
Equipment Purchases (-)														-
Loan Payments (-)														-
NET OTHER ACTIVITIES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NET CASH FLOW	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BEGINNING CASH		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ENDING CASH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

MOFGA's Organic Farmer Loan Fund

Trade References (accounts you market to)

Your market outlets are a key reference for us. If you don't have existing accounts, please explain the marketing strategy for your farm.

Your Farm Name:

1. Account:

Contact person:

Title:

Address:

City:

State:

Zip:

Phone

2. Account:

Contact person:

Title:

Address:

City:

State:

Zip:

Phone

3. Account:

Contact person:

Title:

Address:

City:

State:

Zip:

Phone

You are authorized to make all inquires necessary to verify my/our trade relationship with the above listed trade reference(s). You are authorized to answer any questions about my credit experience with your company.

Authorized Signature:

Date: