

### LOAN APPLICATION INSTRUCTIONS

- 1. Complete and sign the attached Business Credit Application (2 pages).
- 2. Complete and sign the attached Personal Financial Statement (2 pages).
- 3. Fax both documents to Mountain Capital, Attn: Lee Carney, at (509) 448-0483. A fax cover has been provided for your convenience.

OR

Scan and email the documents to lee.carney@mountaincapital-llc.com



# BUSINESS CREDIT APPLICATION FAX TO (509) 448-0483

A. General information							
Applicant/business name:	Email addres	Email address:			Business Phone Number:		
Physical street address including city, state, ar	nd zip (no P.O. Boxes):			Marital Status	 S:		
	,			□ Never Ma	rried		
Mailing address (if different):				□ Divorced			
,				☐ Married:	Please provide	your	
Nature of business product or service:				spouse's Security r	full name and S	ocial	
Date business established:	How long und	How long under current management:					
Number of employees:	Tax ID Numb	Tax ID Number:					
B. Credit Request							
Amount requested:		Use of procee	eds:				
Source of income for repayment:		Secondary so	ource:				
Collateral offered:	Collateral offered: Repayment structure reques			sted:			
C. Business Organization							
	General Partnership	☐ S-Corpora	ation	□ Other:	State in which	organized:	
·	Limited Partnership	□ C-Corpor				o. gaoa.	
Principals/Guarantors (list add				te sheet):	ļ.		
Name, title, and position:	☐ Sole Owner	Percent of O	-	Social Securi	ty number:		
1. Ivano, ino, and position.	- Colo Cimiol	l' crociit di Ci	wholomp.	Occidi Occidi	ty Harriber.		
Home street address including city, state,	and zip (no P.O. Boxes):	<u> </u>		Home phone	number:		
Valid driver's license or ID number:	river's license or ID number: Date of issue		Expiration da	Date of birth:			
Name, title, and position:		Percent of Ov	wnership:	Social Security number:			
Home street address including city, state, a	and zip (no P.O. Boxes):			Home phone	number:		
Valid driver's license or ID number:	Date of issua	nce: Expiration dat		e: Date of birth:			
			1				
3. Name, title, and position:  Percent of C		Percent of Ov	wnership:	Social Security number:			
Home street address including city, state, a	and zip (no P.O. Boxes):	L		Home phone	number:		
Valid driver's license or ID number:	Date of issua	ance.	Expiration da	l te:	Date of birth:		
valid driver 3 licerise of 15 Harriser.	Date of 133de	arioc.	Expiration da	iic.	Date of birtin.		
D. Miscellaneous Information					YES	NO	
1. Is the Applicant an endorser, guarantor, or	co-maker for obligations (i	including any lea	ase obligation,				
e.g. vehicle, equipment, business location) not listed on financial statements submitted?							
2. Is the Applicant party to any claim or lawsuit?							
Have you and/or the Applicant ever filed for bankruptcy?							
CHAPTER: FILING DATE:							
4. Does the Applicant's business activity involve the generation, use, transportation, storage, or							
disposal of any hazardous material?							
<ol> <li>Does the Applicant owe any taxes that are past due?</li> <li>AMOUNT: OWED TO:</li> </ol>							
6. Are any assets pledged or mortgaged other than stated on business and personal financial							
statements submitted?							

### **BUSINESS CREDIT APPLICATION**

	· .		
Name and Phone Number of Insuran	ce Agent:		
Collateral Address:			
The federal Equal Credit Opportunity Act prohipority, sex, marital status, age (provided the applerives from any public assistance program or The federal agency that administers compliant Grand Boulevard, Suite 100, Kansas City, Missing Portion INFORMATION TO Late payments, missed payments, or other def	plicant has the capacity to enter into a binding because the applicant has in good faith exerce with this law is the Federal Deposit Insuran souri 64108.  • CREDIT BUREAUS: Bank may recognifications.	g contract), because all or part of the cised any right under the Consumer ice Corporation, FDIC Consumer Re eport information about your account	e applicant's income Credit Protection Act. esponse Center, 2345
ORAL AGREEMENTS:			
DREGON: Under Oregon law, most agreemed which are not for personal, family or household consideration and be signed to be enforceable, to extend credit or to forbear from enforcing repend money or to grant or extend credit in an orengaged in the business of lending money or earlorceable. MONTANA: Under Montana law extend or otherwise modify an existing promise accommodation for a loan in excess of one humans be in writing and signed by lender, a regular andertaking to loan money or to grant or extend extending credit, are invalid unless in writing and extending credit, are invalid unless in writing and money or to grant or extend extending credit, are invalid unless in writing and extending credit, are invalid unless in writing and extending credit, are invalid unless on writing and extending credit in the formal decomposition.	purposes or secured solely by the borrower's <u>WASHINGTON</u> : Under Washington law, or payment of a debt are not enforceable. <u>IDAH</u> iginal principal amount of fifty thousand dollar xtending credit, such as beneficiary, must be one of the property of the payment of the payme	s residence must be in writing, expresoral agreements or oral commitments of the properties of the pro	ess s to loan money, commitment to son or entity to be mend, renew s purposes , promise or orimarily for oney or
APPLICANT'S STATEMENT: Be complete and correct and that I am authorize collance and payoff information on all accounts credit record and any statements made by me. decision. I further authorize Lender to provide applicant. I agree to promptly notify Lender of unless otherwise sated. I authorize Lender to couch assets as Lender or its counsel deem applicant assets as Lender or its counsel deem applicant of the connection with this request for credit, and a deport in connection with a credit transaction in Lender has a legitimate business need for the implated or additional credit reports at any time between Lender and myself, whether or not I all which Lender delivers a copy of this authorization.	ed to execute this form on behalf of the Applicated to execute this form on behalf of the Applicated to execute this form on behalf of the Applicated the accuracy of the Application of	cant. I authorize Mountain Capital, LI his application. I understand that Le Lender any information it needs to ma information relating to any credit Len ccuracy of these statements. All info filed in such form and in such jurisdi n Capital, LLC ("Lender") to obtain a such credit. I acknowledge that Lend r, guarantor, principal or officer of the ation is continuing in nature, and that other modification of any loan or othe the Applicant. I further direct the cre	LC ("Lender") to obtain ender my check my ake a credit granting oder might grant to the ormation is as of this date ctions and encumbering a copy of my credit report der shall use the credit e Applicant, and that the Lender may obtain er credit accommodation
SIGNATURE	PRINT NAME	TITLE	DATE
SIGNATURE	PRINT NAME	TITLE	DATE

PRINT NAME

TITLE

DATE

SIGNATURE



## PERSONAL FINANCIAL STATEMENT FAX TO (509) 448-0483

			As of	
				Date
Complete this form for: (1) each proprietor, or (2 r more of voting stock, or (4) any person or entite		-	general partner, or (3) ea	ach stockholder owning 20%
lame:	, , , , , , , , , , , , , , , , , , , ,		Business Phone:	
Residence Address:		Residence Phone:		
City, State, and Zip Code:				
Business Name of Applicant/Borrower:				
ASSETS	(Omit Cents)	LIABILITI	IES	(Omit Cents)
ash on hand and in Banks	\$	Accounts Payable	\$	
avings Accounts	\$	Notes Payable To Banks and	Others \$	
RA or Other Retirement Account	\$	(Describe in Section 2)	-	
ccounts and Notes Receivable	\$	Installment Account (Auto)	\$	
ife Insurance-Cash Surrender Value Only.	\$	Mo. Payments	\$	
(Complete Section 8)		Installment Account (Other)	\$	
tocks and Bonds	\$	Mo. Payments	\$	
(Describe in Section 3)		Loan on Life Insurance		
Real Estate	\$	Mortgages on Real Estate	\$	
(Describe in Section 4)		(Describe in Section 4)	-	
automobile-Present Value	\$	Unpaid Taxes	\$	
Other Personal Property	\$	(Describe in Section 6)	-	
(Describe in Section 5)		Other Liabilities	\$	
Other Assets	\$	(Describe in Section 7)	-	
(Describe in Section 5)		Total Liabilities	\$	
		Net Worth	\$	
Total	\$	┧	Total \$	
Section 1. Source of Income		Contingent Liabilities		
Salary	\$	As Endorser or Co-Maker	\$	
let Investment Income	\$	Legal Claims and Judgments.	\$	
Real Estate Income	\$	Provision for Federal Income	Tax\$	
Other Income (Describe below)*	\$	Other Special Debt	\$	
Description of Other Income in Section 1.		7		
rescription of other income in occuon 1.				
<u> </u>				
Alimony or child support payments need not be	disclosed in "Other Income" unle	ss it is desired to have such pay	ments counted toward t	otal income.
Section 2. Notes Payable to Banks and Othe				
Name and Address	Original Current	Payment Frequency	_	red or Endorsed
of Noteholder(s)	Balance Balance	Amount (monthly, etc.)		of Collateral
			···	
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Section 3. Stocks and Bon	ds. (Use attachments if necess	ary. Each attac	chment must be identified as a par	rt of this statement and signed).	
	,		Market Value	Date of	Total
Number of Shares	Name of Securities	Cost	Quotation/Exchange	Quotation/Exchange	Value
Section 4. Real Estate Owr	ned. (List each parcel separatel	y. Use attachm	nents if necessary. Each attachme	ent must be identified as a part o	of this statement and signed).
,	Property A		Property B		Property C
Type of Property:					
Address:					
Date Purchased:					
Original Cost:					
Present Market Value:					
Name and Address					
of Mortgage Holder:					
Mortgage Account Number:					
Mortgage Balance:					
Amount of Payment					
per Month/Year:					
Status of Mortgage:					
Section 5. Other Personal	Property and Other Assets.		(Describe, and if any is pledged	as security, state name and ad	dress of lien holder, amount
Section 6. Unpaid Taxes.	(Describe in det	ail, as to type, t	o whom payable, when due, amou	unt, and to what property, if any,	a tax lien attaches.)
Section 7. Other Liabilities	. (Describe in det	ail.)			
Section 8. Life Insurance F	<b>leld.</b> (Give face amou	ınt and cash su	rrender value of policies - name o	f insurance company and benef	iciaries.)
I authorize Mountain Capital, LLC ("Lender") to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General.					
Signature:		Date:		Social Security Number:	
Signature:		Date:		Social Security Number:	





To: Mountain Capital Attn: Lee J. Carney

Fax Number: (509) 448-0483

From:	
Fax Number:	
Pages:	, including fax cover.
Comments:	

Please verify receipt of documents by calling (509) 999-5694.

#### DISCLAIMER:

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