FIRST NATIONAL BANK OF FORT STOCKTON
1000 WEST DICKINSON- P.O. BOX 1329
FORT STOCKTON, TX 79735
PHONE: 432-336-8541
FAX: 432-336-6404

FNB FORT STOCKTON
Family of Banks
FIRST NATIONAL BANK of Fort Stockton
BRAVE NATIONAL BANK

Commercial Loan Application

Intent to file joint:_____ Initial _____ Initial

Complete the following information:

Legal Business Name:

Type of Business: ☐ **Proprietorship** ☐ **Individual** ☐ **C-Corp** ☐ **Partnership** ☐ **LLP**
☐ **Religious Organization** ☐ **Non-Profit** ☐ **Association** ☐ **LLC** ☐ **Other** _____

Year Established: | **TAX ID#:** | **Description of Business (Industry Code);**

Physical Address: **City:** **State:** **Zip:**

Mailing Address: **City:** **State:** **Zip:**

Describe products and Services:

LOAN REQUEST

Amount: Requested Rate: ☐ Fixed ☐ Variable

Loan Type: ☐ LOC ☐ Balloon ☐ GLOC ☐ Construction ☐ Term Loan

Purpose of loan request:

COLLATERAL

Real Estate: ☐ Residential ☐ Improved Property ☐ Commercial ☐ Unimproved

Address of the Property:

City: **State:** **Zip:**

County: **Estimated Value:**

☐ Owner Occupied

☐ Non-Owner Occupied

Equipment/Vehicle type: ☐ New ☐ Used

Estimated Value: **Purchase Price:**

Year: **Make:** **Model:** **Milage:**

Other Items(Estimated Value):

Accounts Receivables ☐ **A/R & Inventory** ☐

Inventory ☐ **Other:** ☐ _____

Majority Owner/Borrower/Guarantor (s) information

Name:	**Name:**
Address: **City:**	**Address:** **City:**
County: **State:** **Zip:**	**County:** **State:** **Zip:**
SS #: **DOB:**	**SS #:** **DOB:**
Phone: **% Ownership:**	**Phone:** **% Ownership:**
Employer: **# of Yrs:**	**Employer:** **# of Yrs:**

APPLICANT STATEMENT

The applicant, by the signature of its authorized representative below, hereby certifies that the foregoing has been carefully read by the applicant and is given to you for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in the this application and any other documents or information submitted in connection with this application or any other credit request are or will be true and correct exhibits of the applicant's financial condition and may be treated by you as a continuing statement thereof until replaced by a new application or until the applicant specifically notifies you in writing of a change therein; and the credit requested herein and any other credit obtained from you by the applicant on the basis of the information contained in this application shall be used solely for business or commercial purposes. The applicant authorizes you to; verify any information submitted to you by or upon request and agrees that unless otherwise directed by the applicant in writing, all statements and notices regarding any credit granted by you to the applicant shall be mailed to you applicant at the address shown above. Any person signing below as the duly authorized representative of the applicant attests that the applicant is a valid business entity and that each person signing below is authorized to request credit on behalf of the applicant.

X _____ X _____

Borrower's Signature Date Co-Borrower's Signature Date