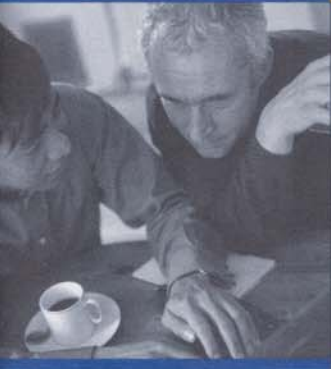




Ballston Spa National Bank

Commercial Loan Application

Business loans, credit lines, checking—whatever it takes...
plus someone who makes your business, their business.



Your bank. Your way.

Loan Requested

Business Term Loan or Real Estate Loan

To finance major purchases such as equipment, expansion and renovations.

Amount Requested \$ _____

Term Requested _____

Purpose (be specific) _____

New/Increase Business Line of Credit

For ongoing operation expenses, seasonal purchases, business supplies, etc.

Amount Requested \$ _____

Term Requested _____

Purpose (be specific) _____

Documents Required

When applying for a Small Business Term Loan or Line of Credit, please provide the following:

1. Business Financial Statements OR Business Federal Income Tax Returns **for the past 3 years**, including Balance Sheet.
2. Personal Federal Income Tax Returns for all business owners holding more than a 19% business share **for the past 3 years**
3. Current Personal Financial Statements for all business owners holding more than a 19% business share.
4. For all affiliates, Business Financial Statements OR Business Federal Income Tax Returns **for the most recent year**, including Balance Sheet.
5. If applying for a Line of Credit, please provide current Accounts Receivable and Accounts Payable Ageings.
Please include all schedules for each tax return provided. All above documents must be signed and dated.

If your business year-end financial statement is more than 90 days old, please include a current interim financial statement and an interim statement for the same period in the prior year.

Important Information

- Original signatures are required on all copied documents.
- Please sign and date all documents.

Customer Checklist

To help us process your application quickly, we've included the following chart which lists the additional documents necessary. These documents will be requested prior to closing.

Documents	Business Term Loan	Business Line of Credit
1. Detail on Available Collateral	<input type="checkbox"/>	<input type="checkbox"/>
2. Certificate of Incorporation (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
3. Partnership Agreement (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4. DBA Certificate (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5. Non-Real Estate Secured-evidence of insurance naming Ballston Spa National Bank, and its successors and/or assigns as lenders and loss payee.	<input type="checkbox"/>	<input type="checkbox"/>
6. Real Estate Secured-evidence of insurance naming Ballston Spa National Bank, and its successors and/or assigns as lenders, loss payee, and mortgagee.	<input type="checkbox"/>	<input type="checkbox"/>

Other Business Services

In our continuing effort to be "Your bank. Your way.", BSNB offers a full range of business banking products to make your business run more efficiently, and make life a little easier. Please check any other items you may be interested in and we will contact you.

Business Checking and other Deposit Services

I am interested in knowing more about BSNB Checking and Savings options designed for all types of businesses.

Other Loan Products

I would like to know about other loan products to help me and my business.

Bankcard Merchant Service

Tell me about your merchant service to help me accommodate my charge card customers.

Trust

I would like to know more about the Trust and Financial Services you offer to help me prepare for tomorrow.

Convenience Services

Please tell me how to access my accounts online.

Documents must be signed and dated.

Business Profile

Business Name: _____ Tax ID# _____
 Street Address: _____ Premises is owned Premises is leased
 City: _____ State: _____ Zip: _____ If leased, landlord's name and address: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____ Expiration Date of Lease: _____
 Nature of Business, Product or Service: _____ Renewal Option/Term: _____
 _____ Annual Rent \$ _____
 _____ Time as Owner: _____
 Contact Name/Title: _____ No. of Employees: _____
 Phone Number: _____ Date Established: _____

Type of Business

Corporation Gen. Partnership LTD Partnership LLC LLP Sole Proprietor Non Profit

Business Owners

Name	Home Address	Title	% Ownership	Social Security#	Years in Position
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Business and Credit Reference

Depository Bank	Type of Account	Account Number	Average Balances	Contact Person	Telephone
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Bank/Financial Company	Loan Purpose	Collateral	Original Amount	Monthly Payment	Present Balance	Maturity Date	Interest Rate
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Primary Suppliers	Product	Average Annual Purchases (\$)	Payment	Contact Person	Telephone
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Primary Customers	Product	Average Annual Sales (\$)	Credit Terms	Contact Person	Telephone
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Assets Available to Secure Loan

	Present Market Value	Existing Loan Balance	Creditor
Land/Buildings _____			
Machinery/Equipment (provide listing) _____			
Aged Accounts Receivable _____			
Inventory _____			
Other (please describe) _____			

BSNB Personal Financial Statement

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 institutions 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, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account that you and another person will use, complete all sections, providing information where applicable about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant _____

Co-Applicant _____

1. Individual Information			2. Other Party Information		
Name			Name		
Address		Home Phone	Address		Home Phone
City	State	Zip	City	State	Zip
Present Employer		Years There	Present Employer		Years There
Employer's Address			Employer's Address		
Position or Occupation		Business Phone	Position or Occupation		Business Phone
3. Assets			Liabilities		
		(in dollars)			(in dollars)
Cash on hand and in this bank		\$	Notes Payable to Banks (Schedule E)		\$
Cash in other banks			Notes Payable to other Institutions (see Schedule E)		
Marketable Securities – Non-IRA (see Schedule A)			Due to Brokers		
Non-marketable Securities – IRA (see Schedule B)			Amount Payable to Others - Secured		
Securities held by Broker in Margin Accounts			Amount Payable to Others - Unsecured		
Restricted, Control, or Margin Account Stocks			Accounts and Bills Due		
Real Estate Owned (see Schedule C)			Unpaid Income Tax		
Accounts, Loans, and Notes Receivable			Other Unpaid Taxes and Interest		
Automobiles			Real Estate Mortgages Payable (see Schedules C & E)		
Other Personal Property			Other Debts (car payments, credit cards, etc.) itemize		
Cash Surrender Value - Life Insurance (see Schedule D)			Total Liabilities		
Other Assets (please itemize -see Schedule F if applicable)			Net Worth		
Total Assets			Total Liabilities and Net Worth		
4. Annual Income			Annual Expenses		
(for Year Ended _____ 20_____)			Mortgage/Rental Payments		\$
Salary Bonuses and Commissions		\$	Real Estate Taxes and Assessments		
Dividends and Interest			Taxes (Federal, State, Local)		
Real Estate Income			Insurance Payments		
Other Income (alimony, child support or (car, charge cards, etc.), separate maintenance income need not be disclosed unless you wish the Bank to consider them in a credit decision).			Other Contract Payments		
			Alimony, child support, maintenance		
			Other Expenses		
Total Income			Total Expenses		
Contingent Liabilities (estimated amounts)					
Are you	yes	no	\$	yes	no
Endorser, Co-maker or Guarantor	<input type="checkbox"/>	<input type="checkbox"/>		Contested Income Tax Liens	<input type="checkbox"/>
On Leases or Contracts	<input type="checkbox"/>	<input type="checkbox"/>		<i>If yes to any question, please attach an explanation</i>	
Involved in legal claims	<input type="checkbox"/>	<input type="checkbox"/>		Total Contingent Liabilities	<input type="checkbox"/>

Schedule A Marketable Securities – Non-IRA

Number of Shares or Face Value of Bonds	Description	In Name of	Are These Registered Pledged or Held by Others?	Market Value

Schedule B Non-Marketable Securities – IRA

Number of Shares	Description	In Name of	Are These Registered Pledged or Held by Others?	Value	Source of Value

Schedule C Residences and Other Real Estate (Partially or Wholly Owned)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity
Residence(s)								
Residence(s)								
Other								
Other								

Schedule D Life Insurance Carried, Including Group Insurance

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

Schedule E Bank and Other Institutional Relationships

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Amount Owed

Schedule F Business Ventures

List Name and Address of Any Business Venture in Which You are a Principal or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Years in Business

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed _____, 20____ Signature (individual) _____
 Social Security Number _____ Date of Birth _____

Date signed _____, 20____ Signature (individual) _____
 Social Security Number _____ Date of Birth _____

Additional Information

Is your business an endorser, guarantor, or co-maker of any obligations not listed on this application or your financial statements?

Yes No

Is your business party to any claim or lawsuit?

Yes No

Have you ever owned a business that declared bankruptcy?

Yes No

Does your business owe any prior period taxes?

Yes No

Does your business involve the use, production, transportation or storage of hazardous materials other than the usual office supplies?

Yes No

If you answered "Yes" to any question, please give a detailed explanation: _____

Service Providers

Name _____ Address _____ Phone Number _____

Accountant: _____

Insurance Agent: _____

Attorney: _____

Legal Information

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us by telephone or in writing at the address below or telephone 518-885-6781 within 60 days from the date you are notified of our decision. We will send you a statement of the reasons within 30 days of receiving your request for the statement.

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 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: Comptroller of the Currency, Washington, D.C. 20219.

If the business credit being requested includes collateral being taken to acquire or refinance a residential dwelling or if proceeds will be used, with or without security, to improve, rehabilitate, or remodel a dwelling, the Home Mortgage Disclosure Act requires the collection of certain additional monitoring information with respect to the transaction. If we determine that your loan request falls into these category types, we will ask that you provide us with the additional monitoring information required by the Home Mortgage Disclosure Act.

In making a decision as to whether or not to grant your loan request, we will rely upon the accuracy of the content of this Application. We will rely upon the fact that you have included all relevant information in response to the questions contained in this Application and we will also rely upon the fact that all attachments and enclosures and supplemental data furnished by you pursuant to future requests by us, are equally accurate. Therefore, it is essential that after you complete this Application and all of the enclosures which are made a part of it, you review it prior to submission to us to insure thoroughness and accuracy of the information.

Each person who signs below (the "Signer") certifies to the bank that the information filled in above and inside and in any accompanying documentation is true, complete and accurate, and that each Signer will promptly notify the Bank of any material changes to such information. Each Signer authorizes the Bank from time to time to contact any references relating to the Applicant of the Signer the Bank deems necessary or appropriate without notice to the Signer. The proceeds of the loan applied for will be used for business purposes and not for personal, family or household purposes. This Application and any accompanying documentation remain the Bank's property.

Signed _____

Signed _____

Title: _____

Title: _____

Date: _____

Date: _____

Thank you for providing us with this opportunity to meet your financial needs. Occasionally, additional information is required for certain credit requests. If we do need additional information, we will contact you promptly.

Questions? Just call our Customer Service Center at 518-885-6781.

Main Office • 87 Front Street
Ballston Spa, NY 12020



Your bank. Your way.



Ballston Spa National Bank

Bank Use Only

Recommended By _____

Date _____

Approved by _____

Date _____

Date Notified _____