



First Merchants Financial Service- Loan Application

Privacy Policy - We respect and are committed to protecting your privacy. The personal and financial information you provide will be used by us to process your application, maintain your account, respond to court orders and legal investigations or report to credit bureaus, as applicable. Your personal and financial information will not be sold or shared with third parties for purposes beyond those identified in this Privacy Policy.

PERSONAL IDENTIFICATION INFORMATION	
Full Name	
Date of Birth	
Residence Address	
City, State & Zip Code	
Home Phone	
Mobile Phone	
E-Mail Address	

BUSINESS IDENTIFICATION INFORMATION	
Business Name (DBA)	
Business Legal Name	
Corporate Structure <i>(check one)</i>	<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
State of Incorporation	
Industry Description	
Business Address	
City, State & Zip Code	
Business Phone	

PERSONAL FINANCIAL PROFILE						
Do You Own or Rent Your Residence?	<input type="checkbox"/>	Own	<input type="checkbox"/>	Rent	Social Security #:	
Time at Current Address:	<input type="checkbox"/>	Years	<input type="checkbox"/>	Mos.	Approximate Household Income:	\$
Do You Have a Life Insurance Policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Annual Charitable Donations:	\$
Do You Have a Disability Insurance Policy ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
ASSETS		LIABILITIES				
Cash & Deposit Accounts	\$	First Mortgages on Real Estate	\$			
IRA or Other Retirement Accts	\$	Home Equity Loans & Lines	\$			
Investment & Brokerage Accts	\$	Auto Loans	\$			

Real Estate	\$	Other Personal Loans	\$
Automobiles	\$	Unpaid Taxes	\$
Other Property/Assets	\$	Other Liabilities	\$
Total Assets	\$	Total Liabilities	\$

BUSINESS PROFILE			
Approximate Annual Sales:	\$		
Approximate Annual Pre-Tax Earnings:	\$		
Number of Full Time Employees:			
Time in Business:	<input type="text"/> Years	<input type="text"/> Mos.	
Is This Business a Franchise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is This Business a Wholly Owned Subsidiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Name of Parent Company:			
Do Your Rent or Own Your Office Space?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
If Rent, How much is Your Monthly Rent?	\$		
Does Your Business Have Property and/or Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employee Benefits Offered:	<input type="checkbox"/> Health	<input type="checkbox"/> Retirement	<input type="checkbox"/> Both <input type="checkbox"/> None
Approximate # of Paying Customers:	<input type="checkbox"/> < 10	<input type="checkbox"/> 10 - 50	<input type="checkbox"/> 51 - 250
	<input type="checkbox"/> 251 - 1,000	<input type="checkbox"/> 1,001 - 2,000	<input type="checkbox"/> 2,001+

BUSINESS OWNERSHIP PROFILE	
Employer Identification Number/Tax ID Number	<input type="text"/>
What is Your Title at This Company?	<input type="text"/>
What Percentage of This Business Do You Own?	<input type="text"/>
Are There Other Owners of This Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, complete items below)</i>	
Owner #2	
Full Name	<input type="text"/>
Ownership Percentage	<input type="text"/>
E-Mail Address	<input type="text"/>
Home Address	<input type="text"/>
City, State & Zip Code	<input type="text"/>

Signature _____

Full Name _____

Date _____

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