



Business Banking Credit Application

LOAN INFORMATION

Request #1 Loan Amount: \$	<input type="checkbox"/> Overdraft Line of Credit	<input type="checkbox"/> Secured Revolving Line of Credit	<input type="checkbox"/> Term Loan	<input type="checkbox"/> Commercial Real Estate Loan	<input type="checkbox"/> Other (ACH)
Requested #1 - Use of Proceeds:			Proposed Collateral:		Estimated Collateral Value: \$
Request #2 Loan Amount: \$	<input type="checkbox"/> Overdraft Line of Credit	<input type="checkbox"/> Secured Revolving Line of Credit	<input type="checkbox"/> Term Loan	<input type="checkbox"/> Commercial Real Estate Loan	<input type="checkbox"/> Other (ACH)
Request #2 - Use of Proceeds:			Proposed Collateral:		Estimated Collateral Value: \$

BUSINESS INFORMATION

Type of Ownership:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Subchapter S Corp.	<input type="checkbox"/> LLC	<input type="checkbox"/> Not for Profit <input type="checkbox"/> Other
Applicant's Exact Name (Full Legal Name and DBA Name, if any):				Business Phone Number: ()	E-Mail Address:		
Federal Tax ID:	Date Business Established (MM/YYYY):	Years Under Current Mgmt:	Annual Business Sales/Revenue: \$	Annual Business Net Income: \$			
Facilities: <input type="checkbox"/> Rent <input type="checkbox"/> Owned Monthly Rent/Mortgage: \$		If a corporation, LLC or Limited Partnership, then give the state of incorporation or organization:	Total Business Assets: \$	Total Business Liabilities: \$			
Location Address (Street Address Required - No P.O. Boxes)				Accounts Receivable Balance: \$	Total Cash and Equivalents: \$		
City	State	ZIP Code	County	Any Unsettled Lawsuits or Judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Tax Liens/Obligations Outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Description (Describe the Company's Products and/or Services):				Has the Business Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			

BUSINESS DEPOSIT ACCOUNTS

Financial Institution Name	Business Account number	Checking Balance	Savings Balance
Flagstar Bank, FSB (Primary)		\$	
		\$	\$
		\$	\$

EXISTING BUSINESS LOANS

Financial Institution Name	Loan Type	Credit Limit / Current Balance	Monthly Payment	Collateral	Refinancing?
		\$ / \$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ / \$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ / \$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 to you: When you open an account, we will ask you for your name, street 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. (Required for all guarantors.)

PERSONAL INFORMATION

This section to be completed by (1) individuals owning in the aggregate 80% of the Business, (2) each individual who owns 20% or more of the Business, and (3) each guarantor. *Use additional application if more space is needed.*

#1 Name (Last)	(First)	(Middle)	Home Number () -
Social Security Number - -	Date of Birth (MM/DD/YYYY)	Annual Household Income \$	Monthly Housing Payment Rent: \$ Mortgage: \$

Home Address			Years at Address	Total Assets \$	Total Liabilities \$
City	State	ZIP Code	County	Retirement Account Balances (IRA, 401K)	
Type and Percent Business Ownership	Title	<input type="checkbox"/> Owner <input type="checkbox"/> Guarantor	Home Value \$	1 st Mortgage Balance \$	2 nd Mortgage Balance \$
#2 Name (Last)		(First)	(Middle)	Home Number () -	
Social Security Number - -		Date of Birth (MM/DD/YYYY)	Annual Household Income \$	Monthly Housing Payment Rent: \$ Mortgage: \$	
Home Address			Years at Address	Total Assets \$	Total Liabilities \$
City	State	ZIP Code	County	Retirement Account Balances (IRA, 401K)	
Type and Percent Business Ownership	Title	<input type="checkbox"/> Owner <input type="checkbox"/> Guarantor	Home Value \$	1 st Mortgage Balance \$	2 nd Mortgage Balance \$

REPRESENTATIONS AND WARRANTIES

Additional Information/Conditions

As used in this section, "I," "me," and "my" refer to each person signing below as an authorized signer for the Business, an Owner, or a Guarantor, and "we," "us," and "our" refer to all of them, collectively.

I/We understand that Flagstar Bank, FSB ('the Bank') is relying on the information provided on and with this Application in deciding to make a loan(s) or extend and/or modify existing extension(s) of credit. I/We promise that this is a true statement of my/our financial condition and the financial condition of the Business as of the date of this Application. The Bank may rely on it as being true and correct until I/we otherwise notify it in writing. If this information is not true in any material respect, I/we understand that the Bank may, at its election, declare any or all of my/our indebtedness and obligations to the Bank, direct or contingent, and/or any of the Business's indebtedness and obligations to the Bank, direct or contingent, immediately due and payable without demand or notice.

I/We understand that the Bank may retain and verify this information and that, should additional information become available to the Bank after approval but prior to closing this transaction which may influence the Bank's decision to approve this Application, the Bank reserves the right to withdraw its approval.

If I am the authorized signer for the Business, I acknowledge that I am duly authorized to execute this Application on behalf of the Business and that, if requested, I can supply the resolution or other document, containing such authorization.

I/We authorize the Bank to make any and all inquiries and/or investigations that the Bank deems necessary, in its sole discretion, upon my/our execution of this Application and from time to time as long as any obligation or guaranty of me/us or any of us is outstanding, either directly or through any agency requested by the Bank, to determine and/or verify my/our creditworthiness. I/We further authorize any person or consumer-reporting agency to provide you with any information it may have relating to me/us in connection with the same.

If this Application is approved, the Business and each Guarantor will be bound by the terms and conditions governing the credit offered by the Bank.

I/We understand that if this Application is denied, I/we have the right to a written statement of the specific reasons for denial. To obtain the statement, I/we must contact Flagstar Bank, Business Banking at 5151 Corporate Drive, Mail Stop: S-225-3, Troy, MI 48098, telephone number (800) 642-0039 within 60 days from the date that I/we are notified of the Bank's decision. The Bank will send me/us a written statement of reasons for the denial within 30 days of receiving my/our request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050.

I/We the undersigned represent and warrant that the information contained on this Application is true and correct.

Authorized Business Signature:**		Owner/Guarantor Signature:		Owner/Guarantor Signature	
By:		By:		By:	
Title:		Print Name:		Print Name:	
Date:		Date:		Date:	

If you intend to apply for joint credit, please initial here: _____
Applicant Co-Applicant

If the Authorized Business Signer is also an Owner or Guarantor, he/she must also sign individually

Bank Use Only:

Bank Sales Representative:	Banking Center #:	Contact Phone #:
		()
Banking Center Name:	Mail Stop:	Contact Fax #:
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