

Please sign and complete both pages before emailing back to Farmers National Bank for credit approval.

Dealer Information:	
DEALER NAME:	SALES REP:
PHONE NO.:	FAX #:
EMAIL:	

Purchase Information (Please attach invoice)		
ASSET #1: <input type="checkbox"/> NEW PURCHASE <input type="checkbox"/> USED	ASSET #2: <input type="checkbox"/> NEW PURCHASE <input type="checkbox"/> USED	
ASSET #1 PURCHASE PRICE: \$	ASSET #2 PURCHASE PRICE: \$	TOTAL SALES PRICE: \$
DESCRIPTION OF LENDER FEES :		TOTAL LENDER FEES: \$
EST CLOSING DATE:	1ST PAYMENT DATE:	TOTAL TRADE ALLOWANCE : \$
TERM (MOS):		TRADE-IN PAYOFF: \$
PAYMENT FREQUENCY: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER: _____		OTHER COSTS : \$
RATE:		DOWN PAYMENT : \$
		TOTAL AMOUNT FINANCED : \$

Borrower(s) (Note: This is the individual(s), not the business information)			
FIRST NAME	M.I.	FIRST NAME	M.I.
LAST NAME		LAST NAME	
DATE OF BIRTH:		DATE OF BIRTH:	
SOC. SEC. #		SOC. SEC. #	
ADDRESS:		ADDRESS:	
CITY	STATE	ZIP	
BUSINESS PHONE:		BUSINESS PHONE:	
HOME PHONE:		HOME PHONE:	
CELL PHONE:		CELL PHONE:	

Business Information			
COMPANY LEGAL NAME:	TAX ID:	BUSINESS PHONE:	
BUSINESS ADDRESS: <small>(No PO/APO)</small>	CITY	STATE	ZIP
EQUIPMENT ADDRESS: <small>(If different than business address - No PO/APO)</small>	CITY	STATE	ZIP
BILLING ADDRESS: <small>(If different than business/equipment address)</small>	CITY	STATE	ZIP
BUSINESS TYPE:	<input type="checkbox"/> S-CORP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> OTHER: _____		
OFFICER/OWNER:	TITLE:	PERCENTAGE OF OWNERSHIP:	
OFFICER/OWNER:	TITLE:	PERCENTAGE OF OWNERSHIP:	
OFFICER/OWNER:	TITLE:	PERCENTAGE OF OWNERSHIP:	

ADDITIONAL INFORMATION REQUIRED FOR ALL APPLICATIONS:	<input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CONSUMER	DESCRIPTION OF BUSINESS:	TOTAL ANNUAL SALES: \$
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<b>Financial:</b> Contact your Farmers National Bank Representative to determine financial needs for the borrower.	<b>Eligibility:</b> Are all of the applicants U.S. Citizens, U.S. Formed Legal Entities, or Foreign Nationals with E2 Visas? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**CREDIT DENIAL NOTICE**

If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and 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:

**The Farmers National Bank,**  
**Attn: Loan Administrator**  
 P.O. Box 555  
 Canfield, OH 44406-0555  
 (330) 533-3341

within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for this statement. The notice that follows describes additional protections extended to you.

**EQUAL CREDIT OPPORTUNITY 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 (providing 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 is:

**Office of The Comptroller  
 of the Currency**  
 District Office  
 1301 McKinney St. • Suite 3450  
 Houston, TX 77010-9050

**SIGNATURES**

**SIGNATURES.** By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied upon advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to contact any inquires it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application and will provide all documents and information that Lenders decides are necessary to complete this application. Loan Applicant authorized Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained here in could result in criminal action under federal law. In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a report on them.

The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worth customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Applicant Signatures:**

**Company Name: (If Applicable)**

**Individuals:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**NOTICE- JOINT CREDIT:** We intend to apply for joint credit (initials) \_\_\_\_\_