



BUSINESS EXPRESS LENDING LOAN REQUEST

Thank you for your interest in Fox Chase Bank. In this document you will find:

- Commercial Loan Application
- Personal Financial Statement Form

Please complete these two forms and attach the following:

- Last two (2) Years Personal Tax Returns for yourself.
- Last two (2) Years Business Tax Returns.
- Completed Loan Application.
- Completed Personal Financial Statement.

Once complete, please drop your request off at your local branch location or mail the completed application to our Business Express Lending Specialist at:

210 W. State Street, Media PA 19063

If you have any questions, please don't hesitate to give us call at (610) 627-8355.

Thank you for the opportunity to review your request.

Business Credit Application

Fox Chase Bank

Date Branch Manager Branch Phone Number
()

General Information

Applicant Name Tax ID# Business Phone Number
()

Applicant Address City State Zip

Business Description Date Established Annual Sales (\$000's)

Type of Entity (check one)

C Corp S Corp Sole Proprietor Gen'l Partnership Limited Partnership LLC Individual Non Profit

Primary Contact Name Title (i.e. Owner, Partner, President, etc.) Home Phone Number
()

Request

Amount Date Funds Needed
/ /

Loan Purpose (i.e. support inventory, accounts receivable, purchase real estate, etc.)

Loan Type (i.e. 5 yr. Term, Time, Line of Credit, Letter of Credit, etc.) Rate - Fixed or Floating

Collateral (please attach additional information if space is insufficient)

All Business Assets (describe)

Accounts Receivable/Inventory (please attach AR Aging report and/or Inventory Listing)

Location Street Address City County State Zip Owner(s)

Real Estate Personal Commercial
Market Value Outstanding Mortgage Balance(s)
\$ \$

Street Address City County State Zip Owner(s)

Personal Commercial
Market Value Outstanding Mortgage Balance(s)
\$ \$

Street Address City County State Zip Owner(s)

Specific Equipment (describe) Attach Invoice if Available Type/Model Serial #

Location Street Address City County State Zip Owner(s)

Vehicle Year Make Model Cost or Value Serial #

Marketable Securities Number of Shares Company/Issuer Current Price per Share
\$

Number of Shares Company/Issuer Current Price per Share
\$

FCB Deposit Account Amount Account Number Named Owner(s)
\$

Other (describe)

Management/Ownership (List all owners, partners and guarantors)

Name Title % Ownership Address SSN

1.

2.

3.

4.

Relationship Information

Primary Bank for Business Average Monthly Deposit Balances Total Credit Relationship

Primary Bank for Personal Accounts Average Monthly Deposit Balances Total Credit Relationship

Authorization

Applicant authorizes the Bank to obtain credit reports and to make credit inquiries now and in the future in connection with any credit furnished in reliance upon this application. Applicant also authorizes the Bank to answer questions about and discuss with others its credit and deposit experience with Applicant. Applicant certifies that this application and all other information furnished now or in the future to the Bank is and shall be true and complete. It shall be an event of default if any information is found to have been false or incomplete. Applicant shall give immediate written notice to the Bank of any material adverse change in applicant's financial or business condition.

Name of Applicant (print)

Signature of Applicant	Title	Date Signed
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Signature of Applicant	Title	Date Signed
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PERSONAL FINANCIAL STATEMENT

Submitted to: FOX CHASE BANK

IMPORTANT: Read these directions before completing this Statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1,3 and 4.
- If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement , and the applications may be submitted together.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony , support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1, 3 and 4.

Section 1 – Individual Information (type or print)		Section 2 - Other Party Information (type of print)	
Name		Name	
Address		Address	
City, state & zip		City, state & zip	
Position or occupation		Position or occupation	
Business name		Business name	
Business address		Business address	
City, state & zip		City, state & zip	
Length of employment		Length of employment	
Res. phone	Bus. phone	Res. phone	Bus. Phone

Section 3 – Statement of Financial Condition as of _____, _____			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in this bank		Notes payable to banks-see Schedule E	
Cash in other banks		Notes payable to other institutions-see Schedule E	
U.S. Gov't & marketable securities-see Schedule A		Due to brokers	
Non-marketable securities-see Schedule B		Amounts payable to others - secured	
Securities held by broker in margin accounts		Amounts 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			
Other assets-itemize-see Schedule F if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and New Worth	

Section 4 – Annual Income For Year Ended _____		Annual Expenditures		Contingent Liabilities		Estimated Amounts \$ _____
Salary, bonuses & commissions \$ _____		Mortgage/rental payments \$ _____		Do you have any... Yes No		
Dividends & interest _____		Real estate taxes & assessments _____		Contingent liabilities (as endorser, co-maker or guarantor:...	<input type="checkbox"/> <input type="checkbox"/>	_____
Real estate income _____		Taxes - federal,state & local _____		On leases? on contracts?)	<input type="checkbox"/> <input type="checkbox"/>	_____
Other income _____		Insurance payments _____		Involvement in pending legal actions?	<input type="checkbox"/> <input type="checkbox"/>	_____
(alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)		Other contract payments (car payments,charge cards etc.) _____		Other special debt or circumstances?	<input type="checkbox"/> <input type="checkbox"/>	
		Alimony, child support maintenance _____		Contested income tax liens?	<input type="checkbox"/> <input type="checkbox"/>	
		Other expenses _____		If "yes" to any question(s) describe: _____ _____ _____		
Total \$ Income		Total \$ Expenditures		Total \$ Contingent Liabilities		

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

SCHEDULE A - U.S. GOVERNMENT & MARKETABLE SECURITIES

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

SCHEDULE B - NON-MARKETABLE SECURITIES

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 INSTITUTION 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, including but not limited to a consumer credit report, 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 obtain a consumer credit report for the purpose of evaluating the extension of credit and to answer questions about your credit experience with the undersigned.

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

Signature (other party) _____
 Social Security Number _____
 Date signed _____, 20_____
 Date of Birth _____