

**PRINT, FILL OUT AND FAX THIS FORM TO 410-529-1672  
and someone will contact you soon.**

**CUSTOMER'S DAYTIME CONTACT NUMBER:** \_\_\_\_\_



**Baltimore County Savings Bank**

Administrative Offices

Mailing Address: P.O. Box 397, Perry Hall, MD 21128

Office Location: 4111 E. Joppa Road, Baltimore, MD 21236

p. 410-256-5000 e. info@bcsb.net

www.baltcosavings.com

## BUSINESS OVERDRAFT LINE OF CREDIT APPLICATION

Amount Requested: (Lines available from \$2,500 to \$25,000)	
Product: <input type="checkbox"/> Business Overdraft	Amount Requested: \$ _____ <small>(May not exceed \$25,000)</small>

I would like additional information on the following BCSB loan products.			
<input type="checkbox"/> Construction	<input type="checkbox"/> Term Loan	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Construction/Permanent	<input type="checkbox"/> Other _____	

<b>SECTION A- BUSINESS INFORMATION</b>			
Business Legal Name		Business Tax ID	
Business Address (no P.O. boxes)	Email Address	Would you like to receive special offers from Baltimore County Savings Bank and its subsidiaries by email? <input type="checkbox"/> No <input type="checkbox"/> Yes	
City	State	Zip Code	
Business Phone	Business Fax	Federal tax ID	
Business Structure	<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association
			<input type="checkbox"/> Limited Liability Partnership
Business description		State of organization	City of office location
Date company established	Date of present management since	Total number of employees	Name of bank
Annual sales revenue	Net income	Total assets	Average checking balance

<b>SECTION B- MANAGEMENT INFORMATION - GUARANTOR(S)</b>			
Personal Guaranty of All Parties with 20% or More Ownership (Required)			
1. First name & middle initial		Last name (suffix, if any)	
Title (President, Vice Pres., Treasurer, Secretary)	Email Address	Percent Ownership %	Would you like to receive special offers from BCSB and its subsidiaries by email? <input type="checkbox"/> No <input type="checkbox"/> Yes
Home Address	City	State	Zip Code

SECTION B- MANAGEMENT INFORMATION - GUARANTOR(S) continued				
Home Telephone		Social Security Number		Date of Birth
Name of Bank	Value of Residence \$	Total Value of Cash and Stocks \$		Total Assets (excluding business) \$
First Mortgage Amount \$	Monthly Payment \$	Name of Lender	Salary (per month) \$	Total Liabilities \$
Second Mortgage Amount \$	Monthly Payments \$	Name of Lender	Other Income (per month)* \$	Total Net Worth \$
*Alimony, child support or separate income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
2. First name & middle initial		Last name (suffix, if any)		
Title (President, Vice Pres., Treasurer, Secretary)	Email Address	Percent Ownership %	Would you like to receive special offers from BCSB and its subsidiaries by email? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Home Address	City	State	Zip Code	
Home Telephone		Social Security Number		Date of Birth
Name of Bank	Value of Residence \$	Total Value of Cash and Stocks \$		Total Assets (excluding business) \$
First Mortgage Amount \$	Monthly Payment \$	Name of Lender	Salary (per month) \$	Total Liabilities \$
Second Mortgage Amount \$	Monthly Payments \$	Name of Lender	Other Income (per month)* \$	Total Net Worth \$
*Alimony, child support or separate income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				

Use additional sheets as necessary.

SECTION C- ADDITIONAL INFORMATION	
Has the business incurred a loss in any of the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any delinquent state or federal taxes owed by the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business for sale or under agreement that would change the ownership of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the company or owners ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the company or owners ever been convicted or currently under indictment, on probation or parole for any felony or crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all individuals named in this application US citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any individuals named in this application a director, officer or employee of Baltimore County Savings Bank or its subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are assets of the business pledged for any other loans? If so, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any individuals pledged a personal guarantee for any other obligation? If so, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company or owners party to any suits, liens, judgments or any pending litigation? If so, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D- AUTOMATIC PAYMENT DEDUCTION AUTHORIZATION	
Please be advised that the parties signing below authorize Baltimore County Savings Bank, FSB to debit the following Baltimore County Savings Bank checking account for the monthly payment and annual fee.	
Account Number _____	
Signature/Title _____	Date _____

To Baltimore County Savings Bank, FSB (the Bank):

This information contained in this application is provided to the Bank by each of the undersigned to induce the Bank to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. Each of the undersigned acknowledges and understands that the Bank is relying on the information provided herein declaring to grant or continue credit or to accept a guaranty thereof, and that federal law makes it a crime to submit false information in connection with a credit transaction. Each of the undersigned represents, warrants, and certifies that: (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial conditions of the undersigned; (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this application; and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify the Bank 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 the Bank. In the absence of such notice or a new and full written application, this should be considered as a continuing application and substantially correct. The Bank may retain this application and share the information contained herein with any of its subsidiaries even if the Bank decides not to grant the requested credit accommodation. The Bank is authorized to make all inquiries the Bank deems necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned in connection with this application or in the course of review or collection of any credit extended, and the undersigned hereby authorizes all persons of whom the Bank makes such inquiries to respond thereto in full. Each of the undersigned authorizes the Bank to answer questions about the Bank's credit experiences with the undersigned.

I/we have read the foregoing and understand and agree to make these representations, warranties and certifications.

Date: \_\_\_\_\_ Borrower: \_\_\_\_\_  
Authorized Signer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Principal/Guarantor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Principal/Guarantor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Principal/Guarantor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Principal/Guarantor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

(USE ADDITIONAL SHEETS AS NECESSARY)

**DISCLOSURE OF RIGHTS**

Thank you for your application for business credit from Baltimore County Savings Bank. Federal Regulations require that we give you the following notices of your rights. If your application for business credit is denied, you have the right to a written statement of the specific reasons of denial. You must contact us within sixty (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 the statement.

If the collateral securing this request is a 1-to-4 family residential dwelling, you have the right to a copy of the appraisal report used in connection with your application. If you wish a copy, please write to us at the mailing address we have provided. We must hear from you no later than ninety (90) days after we notify you about the action taken on you credit application or you withdraw your application. In your letter, please give us the following information: your name, your address, and subject property address. To obtain a copy of the denial statement or appraisal, please contact Baltimore County Savings Bank, Commercial Lending, P.O. Box 397, Baltimore, MD 21236, 410-256-5000.

Notice: The Federal Credit Equal 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 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 Thrift Supervision, Southeast Region, 1475 Peachtree Street, NE, Atlanta, GA 30309. Our Bank complies with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your application.