

OWNER INFORMATION			
Name:			
Address:			
Address:		Yrs at address:	
City:	State:	Zip:	
Residence Phone:		Cell Phone:	
Employer:			
Address:			
Address:			
Phone:			
Occupation:			
Years at Job:	Social Sec. #:		
Annual Income:			

OWNER INFORMATION			
Name:			
Address:			
Address:		Yrs at address:	
City:	State:	Zip:	
Residence Phone:		Cell Phone:	
Employer:			
Address:			
Address:			
Phone:			
Occupation:			
Years at Job:	Social Sec. #:		
Annual Income:			

Please answer all questions

1. What percentage of total sales is attributed to your largest customer? _____ % Customer _____
2. Do your business or principal owners guarantee or endorse other debt? Yes No
3. Are there any unsatisfied judgements or legal proceedings pending against the business or principal owners? Yes No
4. Are any tax obligations currently past due (include income, sales, payroll, fuel, etc.)? Yes No
5. Has the business experienced any management or ownership changes in the last two years? Yes No
6. Have the business or any principal owners declared bankruptcy within the last seven years? Yes No
7. Are you applying for credit from any other source at this time? Yes No
8. Do you, your partners, members or shareholders have key employee life insurance? If yes, how much? Yes No \$ _____

Please use the space below to provide any explanation you desire to the answers above:

OTHER BANK SERVICES YOU ARE INTERESTED IN LEARNING MORE ABOUT:

- | | |
|--|--|
| <input type="checkbox"/> Cash Management / EFT Processing | <input type="checkbox"/> Credit Cards for you or your business |
| <input type="checkbox"/> Merchant Processing of Credit Cards | <input type="checkbox"/> Debit Cards for you or your business |
| <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> Personal Checking Account |
| <input type="checkbox"/> Savings Accounts or CD's | <input type="checkbox"/> Online Banking Services |
| <input type="checkbox"/> Investment and Brokerage Services | <input type="checkbox"/> Retirement Accounts |
| <input type="checkbox"/> Employee Benefit Plans | <input type="checkbox"/> Other _____ |

REPRESENTATIONS AND WARRANTIES:

NOTE: The information contained in this statement is provided to induce Horizon Bank to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge(s) and understand that Horizon Bank is relying on the information provided herein in deciding to grant or continue the credit or to accept the guarantee 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 Horizon Bank immediately and in writing of any change of name, address or employment and of any material adverse change (1) in any of the information contained in this statement; (2) in the financial condition of any of the undersigned; (3) in the ability of any of the undersigned to perform its (or their) obligations to Horizon Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. Horizon Bank is authorized to make all inquiries it deems necessary to verify the information contained herein, and to determine the creditworthiness of the undersigned. The undersigned acknowledge and understand that knowing submission of a false financial statement constitutes a Federal and State criminal offense and an offense of Section 1014 of the United States Code.

This Application Is Not Valid Until Signed and Dated Below.

REFERRAL AUTHORIZATION: The undersigned acknowledges and assents to the referral of any application for any deposit, loan, investment, trust or other account to any affiliate or subsidiary bank for review. The undersigned further authorizes affiliates and subsidiaries of Horizon Bank to whom any application is referred to make whatever inquiries it considers necessary and appropriate to review the application, including requesting a credit report from consumer credit reporting agencies and subsequently for any update, renewal, extension of payment, review for collecting or unilateral offers of extension of credit. The undersigned agrees that as a result of the referral the terms and conditions offered by the affiliate or subsidiary of the bank may differ from the terms and conditions originally offered by the Bank for any deposit, loan, investment, trust or other account application.

_____ Business Name	_____ Date
_____ Signature and Title	_____ Date
_____ Owner Signature	_____ Date

_____ Owner Signature	_____ Date
_____ Owner Signature	_____ Date
_____ Owner Signature	_____ Date

