

Business CashLineSM Credit Application

For business loans and lines of credit up to \$250,000

Date Received / /

Step 1: Business Information & Credit Request

Business Information

Legal Name of Business Applicant (For sole proprietor, owner(s) name)		Trade Name (Doing business as)		Tax ID Number	
Number of Employees	Present Management Since / /	Date Business Established / /		Business Phone Number ()	
Address		City		State	Zip
Briefly Describe Your Business				Last Year's Gross Sales/Revenue \$	
				Last Year's Annual Net Profit \$	
				Cash in Bank (Attach bank statements for last 3 mos.) \$	
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership					
Industry Code <input type="checkbox"/> Agriculture <input type="checkbox"/> Contractor <input type="checkbox"/> High Tech <input type="checkbox"/> Media <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Financial Services <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Business (Please explain) <input type="checkbox"/> Consumer Services <input type="checkbox"/> Health Care <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retail					

Credit Request

Type of Credit and Amount Requested (You may check more than one type)		Term Requested (Loan only)	Auto Payment and Overdraft Protection Authorizations
<input type="checkbox"/> Line of Credit	\$ _____	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	California Bank & Trust Business Checking Account Number: All term loans and lines of credit require a California Bank & Trust business checking account for automatic debit. (Non-California borrowers must establish automatic debit of payments from a local business account via Automated Clearing House/ACH.) <input type="checkbox"/> Please initial here to acknowledge that payments will be automatically deducted from the account. Missing initials constitute an incomplete application. <input type="checkbox"/> Please initial here to have overdraft protection on the Business Checking Account indicated above provided via your Business CashLine Line of Credit. (California Bank & Trust accounts only.)
<input type="checkbox"/> Term Loan	\$ _____	<input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years	
<input type="checkbox"/> Business Equipment	\$ _____	<input type="checkbox"/> 5 Years	
<input type="checkbox"/> Business Auto	\$ _____	<input type="checkbox"/> More than 5 Years	
<input type="checkbox"/> Increase an Existing Business CashLine	\$ _____		
Bank fees will be deducted from the approved deposit account unless otherwise requested. SBA fees may also be required.			

Business Applicant Profile

Does Applicant Business have an existing Line of Credit? (If Yes, please state lender and credit limit.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant Business currently export or plan on exporting as a result of this credit request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all Principals with 20% or more ownership in the company U.S. citizens? (If No, provide copy of front and back of alien registration card.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your business involved in any pending lawsuits? (If Yes, please provide details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant Business, Principal(s) with 20% or more ownership, and any business owned or controlled by any Associate, previously defaulted on a Federal Loan or Federally assisted financing, resulting in the Federal government or any of its Agencies or Departments sustaining a loss in any of its programs? (If Yes, Applicant is not eligible for SBA financing.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any portion of proposed loan proceeds to be used for debt refinance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant Business or its Principal owners have an affiliate business? (If Yes, please list affiliate businesses and basis for affiliation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant Business a Franchise business? (If Yes, please state name of Franchisor.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant Business or its Principal(s) ever applied for credit under a different name? (If Yes, please list.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreement and Certification

By signing below, you are asking on behalf of the applicant ("Applicant") identified in this Application for California Bank & Trust ("Bank") to make a line or loan ("Credit") to Applicant and by signing, you represent that you are authorized to sign this Application on behalf of Applicant, and that all information provided herein or in tax returns or other financial information later submitted, is true and correct. You also authorize Bank to verify the information provided to Bank and to receive and exchange credit information, including credit reports, about Applicant and its principal officers and owners, both now and in the future. You understand that the acceptance or use of the Credit, if approved, means Applicant agrees to be bound by all of the terms and conditions of the loan agreement that will be sent to Applicant upon approval. Such agreement will include giving access to authorized persons selected by Applicant to the Credit and associated accounts by card, check and otherwise. Bank will take a security interest in any deposit account of Applicant at Bank, and may have a security interest in other assets of Applicant depending on the type and amount of the loan or line.

Signatures

Copy form if more signatures are needed.

Required for: Corporations—the persons named in the Corporate Resolution below; Partnerships—all general partners; Sole Proprietorships—the owner [if married, you may apply for a separate account]; Limited Liability Companies—all members or managers.				Check Box of Authorized Signers for Business CashLine Checks & CashLine Card [Line of credit only]
Signature	Print Name	Title	Date / /	
Signature	Print Name	Title	Date / /	

Corporate Resolution [required for Corporation]: It is resolved that _____ and _____ are authorized to apply for credit and enter into binding Loan agreements, enter into Loan renewal, modification, extension, and security agreements on behalf of this company. I certify that: (i.) I am Secretary or Assistant Secretary of the Business Applicant; (ii.) that the foregoing resolution was duly adopted by the Applicant's Board of Directors, is currently in effect and has not been revoked or amended; and (iii.) that the signatures and titles set forth above are the genuine signatures and titles of the persons indicated.

Signature of Business Applicant Secretary or Assistant Secretary	Print Name	Date / /
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Business CashLineSM Credit Application (continued)

Name of Business Applicant

Step 3: Business Owner(s) Information

Principal Owner Required for Principal owner(s) with 20% or more ownership; copy for each owner.

Principal Owner Name		Title	
Social Security Number	Date of Birth / /	Home Phone Number ()	Share of Business Owned %
Address		City	State Zip

Assets	Amount	Liabilities	Amount
Cash in Bank	\$	Taxes Payable	\$
Listed Securities Owned	\$	Revolving Credit / Credit Cards	\$
IRA / Keogh / Pension	\$	Installment Contracts and Notes Payable	\$
Real Estate Owned (complete Supplemental Schedule of Real Estate if more than one property)		Mortgages or Liens on Real Estate (complete Supplemental Schedule of Real Estate if more than one property)	
Primary Residence	\$	Primary Residence	\$
Other Real Estate	\$	Other Real Estate	\$
Other Assets (Detail below)	\$	Other Liabilities (Detail below)	\$
Total Assets	\$	Total Liabilities	\$

Personal Information

Annual Income	Amount	Annual Expenditures	Amount
Employment Income	\$	Mortgage Payments / Rent	\$
Other Income (Detail)	\$	Other Payments (Detail)	\$
Total Income	\$	Total Expenditures	\$

Personal Profile If you answer "Yes" to any of these questions, please provide details on a separate sheet.

Are any assets held in Trust? (If Yes, please include a copy of the Trust Agreement, or a certification as to terms.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, your spouse or any member of your household, or anyone who owns, manages or directs your business or their spouses, or any member of their households work for the Small Business Administration, Small Business Advisory Council, SCORE, ACE, or any Federal Agency, or for California Bank & Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had property foreclosed upon or given title or deed in lieu thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, any owner or any officer of your company, ever been involved in bankruptcy or insolvency proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, any owner or any officer of the company, presently under indictment, on parole or probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, any owner or any officer of the company, ever been charged with or arrested for any criminal offense (other than a minor motor vehicle violation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, any owner or any officer of the company, ever been convicted of any criminal offense (other than a minor motor vehicle violation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you involved in any pending lawsuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 4: Personal Guaranty

Personal Guaranty Required for Principal owner(s) with 20% or more ownership; copy for each owner.

For value received, the undersigned absolutely and unconditionally guarantees and promises to pay any and all obligations arising under any loan/line of credit ("Loan") granted by California Bank & Trust ("Bank") to Applicant hereunder, including any and all principal, interest, fees, charges and costs, and under any extensions, increases, modifications or renewals of such Loan. I waive: (i) presentment, demand, protest, and notice of protest, dishonor or nonpayment, or of any actions taken by Bank with respect to the Loan or its collection; (ii) the right to require the Bank to proceed against the Applicant or any other guarantor; (iii) the right to require the Bank to pursue any security, property or remedy in connection with the Loan. I also agree to notify the Bank of any additional indebtedness by the Applicant or any changes in the Applicant's financial condition. I waive any defense arising by reason of any defense of the Applicant or another guarantor, other than full payment of the Loan. The Bank may, without affecting the undersigned's liability hereunder, and without prior notice or consent: (a) extend, modify, compromise, accelerate, renew, increase or otherwise change the terms of the Loan, including, without limitation, the interest rate and amount and time for repayment; (b) proceed against the Applicant, any collateral or any one or more guarantors; and (c) release or substitute any party liable directly or indirectly on the Loan or this Guaranty. I further agree to be bound, as if a party, to any arbitration provision governing the Loans to which the Bank and Applicant agree. I acknowledge and agree that should any other person or entity also guarantee all or any part of the Loan, the undersigned shall be jointly and severally liable to the Bank hereunder with any and all such other persons or entities. If more than one person signs below, their obligation shall be joint and several. By my signature below, I certify the information provided on and with this Business CashLine Credit Application is complete and correct, which certification shall extend to tax returns or other financial information later submitted about me. I authorize the Bank to obtain credit reports and release credit information to others [including, without limitation, companies affiliated with the Bank] regarding myself. If credit is extended, I authorize the Bank to obtain tax returns or other financial information from the IRS or other taxing authorities and agree to execute whatever forms the Bank requests to obtain such information.

Signature

_____/_____/_____
 Signature Print Name Date

Branch Use Only

Branch Officer Name & Number	Branch Name & Number	Sales Date / /
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MEMBER FDIC

SBA Preferred Lender

Supplemental Schedule of Real Estate

This supplement is to be considered an integral part of the Personal Financial Statement for

Name _____

Personal and Business Real Estate Owned (List each parcel separately. Additional sheets, if needed, must be identified as a supplement to this and signed.)

Name of Property Titleholder _____		Address _____				
Name of Mortgage Holder _____		Address _____				
Property Type	Purchase Date	Purchase Amount	Original Loan	Monthly Payments	Current Balance	Present Market Value

Personal and Business Real Estate Owned (List each parcel separately. Additional sheets, if needed, must be identified as a supplement to this and signed.)

Name of Property Titleholder _____		Address _____				
Name of Mortgage Holder _____		Address _____				
Property Type	Purchase Date	Purchase Amount	Original Loan	Monthly Payments	Current Balance	Present Market Value

Personal and Business Real Estate Owned (List each parcel separately. Additional sheets, if needed, must be identified as a supplement to this and signed.)

Name of Property Titleholder _____		Address _____				
Name of Mortgage Holder _____		Address _____				
Property Type	Purchase Date	Purchase Amount	Original Loan	Monthly Payments	Current Balance	Present Market Value

Personal and Business Real Estate Owned (List each parcel separately. Additional sheets, if needed, must be identified as a supplement to this and signed.)

Name of Property Titleholder _____		Address _____				
Name of Mortgage Holder _____		Address _____				
Property Type	Purchase Date	Purchase Amount	Original Loan	Monthly Payments	Current Balance	Present Market Value

Personal and Business Real Estate Owned (List each parcel separately. Additional sheets, if needed, must be identified as a supplement to this and signed.)

Name of Property Titleholder _____		Address _____				
Name of Mortgage Holder _____		Address _____				
Property Type	Purchase Date	Purchase Amount	Original Loan	Monthly Payments	Current Balance	Present Market Value

Personal and Business Real Estate Owned (List each parcel separately. Additional sheets, if needed, must be identified as a supplement to this and signed.)

Name of Property Titleholder _____		Address _____				
Name of Mortgage Holder _____		Address _____				
Property Type	Purchase Date	Purchase Amount	Original Loan	Monthly Payments	Current Balance	Present Market Value

Signature _____ Date _____

Total Current Balance Total Market Value

Signature _____ Date _____

Request for Transcript of Tax Return

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable parts have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.

TIP: Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

CAUTION: Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.

6 Product requested. Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years

d Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year

e Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

CAUTION: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

A Change To Note

• **New Form 4506-T**, Request for Transcript of Tax Return, is used to request tax return transcripts, tax account transcripts, W-2 information, 1099 information, verification of non-filing, and a record of account. **Form 4506**, Request for Copy of Tax Return, is now used only to request copies of tax returns.

Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series) and one for all other transcripts.

Note: *If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.*

Chart for individual transcripts (Form 1040 series)

If you lived in and filed an individual return:	Mail or fax to the Internal Revenue Service at:
Maine, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, West Virginia, Rhode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
Ohio, Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118 901-546-4175

Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931
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Chart for all other transcripts

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 11 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where to file** on this page.