

Insurance: Name, address, and phone number of insurance company.

(Owner's Name)_____ (Spouse)_____
(Social Security Number)_____ (Social Security Number)_____
(Birthdate*)_____ (Birthdate*)_____

**Note: this information is requested by the Credit Bureau to accurately identify persons when checking credit status.*

References:

Bank	Branch/City	Telephone	Contact	Account Number
a)	_____	() _____	_____	_____
b)	_____	() _____	_____	_____

Suppliers:

Trade Supplier	Telephone	Contact
a)	() _____	_____
b)	() _____	_____
c)	() _____	_____
d)	() _____	_____

I certify for the purpose of obtaining credit that the information and representations contained in this application and any supplementary information are true, complete, accurate, and current, to the best of my knowledge. I also acknowledge that the loan application procedure has been reviewed with me and I understand that a loan application will not be sent to NCWBLF Loan Committee until I have submitted the completed application and additional data requested.

Applicant: _____
(Name of Business)

By: _____
(Authorized Signature)

Title: _____

The following information is requested by the Federal Government, in order to monitor compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname.

APPLICANT and/or PRINCIPAL Business OWNERSHIP: [] I do not wish to furnish this information

Race/National Origin: (Select one or more)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (not Alaskan) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Other (Specify) _____ | |

Sex: [] Female [] Male

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.