

Micro Loan Program Application Addendum

(to be completed along with First Financial Bank Business Banking Application)

How much money do you need to borrow? _____
 (micro loan program limited to \$10,000 per business)

How much of your own money are you putting into the transaction? _____

How will you use the borrowed money?

Real Estate

Leasehold imprv _____
 Construction \$ _____
 Renovation \$ _____
 TOTAL \$ _____

Operations

Equipment \$ _____
 Furn/Fixtures \$ _____
 Inventory \$ _____
 Accts Rec.\$ _____
 TOTAL \$ _____

Various

Buy a business \$ _____
 Façade imprv \$ _____
 R&D \$ _____
 Professional fees \$ _____
 Start-up costs (Itemize details below) \$ _____
 Total \$ _____

General Comments: _____

Management:

If you are starting this business from the ground up, have you worked in this type of business in the past? _____ yes
 _____ no _____ N/A
 If yes, how long? _____ years _____ months

Do you have management experience/training in this type of business? _____ yes _____ no

If this is an existing business, has it been profitable in the past? _____ yes _____ no _____ N/A

Is it profitable now? _____ yes _____ no

Are current financial statements available (within 90 days of this application)? _____ yes _____ no

Are year-end historical statements for 2 years available? _____ yes _____ no _____ N/A

Personal Financial Information

Assets

Cash _____
 Securities _____
 Real Estate _____
 Other _____

Liabilities

Credit Cards _____
 Auto Loans _____
 Other _____

Small Business Loan Center Application

Important Application Information: Federal Law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Each shareholder, partner or member owning 25 percent or more interest in the Business Applicant must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guaranties may be required.

BUSINESS INFORMATION					
BUSINESS APPLICANT'S NAME (Exact Legal Name)			DBA (If Applicable)		
BUSINESS STREET ADDRESS (Can not be a PO Box)		CITY	STATE	ZIP CODE	
MAILING ADDRESS (If Different From Above)		CITY	STATE	ZIP CODE	
TAX PAYER ID NUMBER		BUSINESS PHONE	BUSINESS FAX	CELL PHONE (Optional)	
BUSINESS TYPE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> C-CORPORATION <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER					
DESCRIPTION OF BUSINESS OR SERVICE (Be Specific)		DATE BUSINESS STARTED	YEARS CURRENT OWNERSHIP	YEARS OWNERS HAVE BEEN IN THIS LINE OF BUSINESS	# OF EMPLOYEES
GROSS ANNUAL SALES IN YOUR PREVIOUS FISCAL YEAR \$		BUSINESS YEAR END DATE	BUSINESS CHECKING & SAVINGS TOTAL BALANCE \$		
OWNER(S) INFORMATION					
<i>List all Owners/Guarantors with at least 25% ownership interest in the company. If there are more than two owners, complete additional application.</i>					
AUTHORIZED OFFICER (First, MI, Last)	SOCIAL SECURITY #	DATE OF BIRTH	TITLE	% OWNERSHIP	YEARS AS OWNER
HOME PHONE	ADDRESS		CITY	STATE	ZIP
MONTHLY MORTGAGE / RENT PAYMENT \$	GROSS PERSONAL ANNUAL INCOME AS REPORTED ON LAST TAX RETURN \$	NET WORTH (Excluding the Business) \$		CASH & MARKETABLE SECURITIES \$	
AUTHORIZED OFFICER (First, MI, Last)	SOCIAL SECURITY #	DATE OF BIRTH	TITLE	% OWNERSHIP	YEARS AS OWNER
HOME PHONE	ADDRESS		CITY	STATE	ZIP
MONTHLY MORTGAGE / RENT PAYMENT \$	GROSS PERSONAL ANNUAL INCOME AS REPORTED ON LAST TAX RETURN \$	NET WORTH (Excluding the Business) \$		CASH & MARKETABLE SECURITIES \$	
LOAN REQUEST					
PURPOSE OF LOAN		LOAN TYPE	AMOUNT REQUESTED \$	TERM REQUESTED	
COLLATERAL AVAILABLE					
FINANCIAL INFORMATION					

CORPORATE TAX RETURNS OR FYE STATEMENTS FOR LAST TWO YEARS AND INTERIM, IF AVAILABLE SUBMITTED WITH THIS APPLICATION.

CURRENT PERSONAL FINANCIAL STATEMENT AND MOST RECENT PERSONAL TAX RETURN SUBMITTED WITH THIS APPLICATION.

BUSINESS DEPOSIT ACCOUNTS

FINANCIAL INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE	AVERAGE BALANCE
		\$	\$
		\$	\$
		\$	\$

PERSONAL DEPOSIT ACCOUNTS

FINANCIAL INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE	AVERAGE BALANCE
		\$	\$
		\$	\$
		\$	\$

BUSINESS DEBTS (List all business debts including accounts and trade payables)

TO WHOM PAYABLE?	TYPE OF ACCOUNT (Revolving, Term, etc.)	BALANCE OWING	PAYMENT	PAY OFF WITH PROCEEDS?
		\$	\$ PER	<input type="checkbox"/> YES
		\$	\$ PER	<input type="checkbox"/> YES
		\$	\$ PER	<input type="checkbox"/> YES

RELATED BUSINESS ISSUES

HAS THE APPLICANT OR ANY GUARANTOR OR CO-APPLICANT EVER DECLARED BANKRUPTCY? YES NO

IS THE BUSINESS APPLICANT OR ANY GUARANTOR OR CO-APPLICANT A PARTY TO ANY CLAIM OR LAWSUIT? YES NO

ARE THERE ANY STATE OR FEDERAL TAX LIENS FILED AGAINST THE BUSINESS APPLICANT OR ANY GUARANTOR OR CO-APPLICANT? YES NO

EQUAL CREDIT OPPORTUNITY NOTICE

<p>Were your gross revenues \$1,000,000 or less in your previous year?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you answered "yes" and the Creditor denies your application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact:</p> <p>First Financial Bank Business Banking 225 Pictoria Drive Cincinnati, OH 45246 (888) 815-3530</p> <p>within 60 days from the date you are notified of Creditor's decision. The Creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice at right describes additional protections extended to you.</p>	<p>NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public 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 the creditor is:</p> <p>Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 (888) 851-1920 (8 a.m. to 6 p.m. CST)</p>
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NOTICE – Applicant Only NOTICE – JOINT CREDIT with Co-Applicant(s)
We intend to apply for joint credit. (initials) _____ (If applicable, complete the Statement of Intent form.)

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

By signing below, the undersigned affirms that all representations made heretofore stated in this application are true and correct .

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date

By _____
Signature Date