

TEXAS GULF BANK, N. A.

BUSINESS/COMMERCIAL LOAN APPLICATION

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some cases, we may use outside sources to confirm the information. When you open an account or apply for a new loan, we will be required to provide information about your beneficial owners. A **beneficial owner** is: (a) each individual who owns 25% or more of the company and/or (b) one individual who has significant managerial responsibility for the company. You will be required to provide the name(s), address(es), date(s) of birth and other identifying information for each beneficial owner. The information you provide will be kept confidential and secure.

BORROWING INTENT:

Check One

Borrowing intent should be evidenced when an individual is applying with the applicant for shared or joint credit (e.g. individual is co-borrower with a business or two individuals are borrowing together). This intent is not completed for guarantors.

- Individual Credit: Relying solely on my income
- Individual Credit: Relying on my income and income from other sources
- Joint Credit: We intend to apply for joint credit.
(Initials) _____ (required to be initialed by borrower if joint credit)

LOAN AMOUNT REQUESTED: \$

BORROWING ENTITY INFORMATION

Type of Entity: <i>(check one)</i>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC	<input type="checkbox"/> Individual <input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Non-Profit
Legal Name:				
Tax Identification Number:		Year Established:	2017	
Street Address <i>(No P.O. Boxes)</i>		Mailing Address:		
City, State, ZIP		City, State, ZIP		
<input type="checkbox"/> <i>Check here if your street and mailing addresses are the same.</i>				
Telephone Number		Business Contact Name		
Description of Business:				

ADDITIONAL BORROWER (and/or) GUARANTOR INFORMATION (check the appropriate box that applies)

1: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Both		2: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Both		3: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Both	
Name:		Name:		Name:	
Address:		Address:		Address:	
City, State, Zip		City, State, Zip		City, State, Zip	
DOB:		DOB:		DOB:	
SSN/TIN:		SSN/TIN:		SSN/TIN:	
Telephone		Telephone		Telephone	
% Ownership		% Ownership		% Ownership	
4: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Both		5: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Both		6: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Both	
Name:		Name:		Name:	
Address:		Address:		Address:	
City, State, Zip		City, State, Zip		City, State, Zip	
DOB:		DOB:		DOB:	
SSN/TIN:		SSN/TIN:		SSN/TIN:	
Telephone		Telephone		Telephone	
% Ownership		% Ownership		% Ownership	

LOAN REQUEST PURPOSE <input type="checkbox"/> New <input type="checkbox"/> Renewal			
Equipment <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Equity Cash Out Inventory <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Equity Cash Out Accounts Receivable <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Equity Cash Out Working Capital <input type="checkbox"/> Revolving Line <input type="checkbox"/> Non-Revolving Line <input type="checkbox"/> Letter of Credit	1-4 Family Rental Property <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Improve <input type="checkbox"/> Construct <input type="checkbox"/> Equity Cash Out Builder 1-4 family residence <input type="checkbox"/> Spec. Construct <input type="checkbox"/> Builder- Custom <input type="checkbox"/> Improvements/Rehab Raw Land/Acreage <input type="checkbox"/> Purchase/Hold <input type="checkbox"/> Refinance/Hold <input type="checkbox"/> Land Development	CML Improved R/E <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Improve <input type="checkbox"/> Equity Cash Out CML Construction <input type="checkbox"/> Custom <input type="checkbox"/> Spec. <input type="checkbox"/> Improvements <input type="checkbox"/> Const./Perm CML Vehicle <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance	Agriculture Livestock <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance Farm Equipment <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance Land <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Production of Ag Crops <input type="checkbox"/> Other _____
Type:	<input type="checkbox"/> Conventional <input type="checkbox"/> SBA		
Term: <i>In months</i>		Interest Rate:	
Repayment Method:	<input type="checkbox"/> Interest Only <input type="checkbox"/> P & I <input type="checkbox"/> Amort. _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Maturity <input type="checkbox"/> P+I		
COLLATERAL			
Collateral Address: <i>If applicable</i>	SEE SUPPORTING INFO		
Collateral Description:			
Lien Position:	Total Existing Liens: _____		
Lienholder(s):			
Sales Price: <i>(Purchase)</i>		Estimated Value:	
Occupancy:	<input type="checkbox"/> Principal residence <input type="checkbox"/> Secondary residence <input type="checkbox"/> Investment property <input type="checkbox"/> Non-owner occupied CRE <input type="checkbox"/> Owner occupied Commercial RE		
Construction Method:	<input type="checkbox"/> Site-Built <input type="checkbox"/> Manufactured Home		
State:			
County:			
Census Tract:		MSA/MD:	
GROSS ANNUAL REVENUES (All In Previous Fiscal Year)			
<input type="checkbox"/> Over \$1 Million	<input type="checkbox"/> Under \$1 Million	Amount \$	
COMMUNITY DEVELOPMENT CONSIDERATION			
Will the proceeds from this loan support affordable housing for low or moderate - income individuals?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will the proceeds from this loan promote economic development?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will the proceeds from this loan revitalize or stabilize - low or moderate income geographies designated disaster areas or distressed or - underserved areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will the proceeds from this loan support, enable or facilitate projects or activities designed to revitalize or support neighborhood programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

NOTICES & DISCLOSURES

Credit Authorization: I/We authorize the Bank (Lender) to obtain a consumer report(s), and to obtain and exchange information from and with other credit grantors and consumer reporting agencies. I/We authorize Lender to retain all information and reports for Lender's files.

True and Correct: I/We certify that all statements made on this application are true and correct and that I/We have withheld nothing that would, if disclosed, unfavorably affect this application. The furnishing of false information for the purpose of influencing Bank's loan decision violates Federal criminal laws and may subject a violator to fine, imprisonment or both.

For Loans Secured by a First Lien on a Dwelling: We may order an appraisal to determine the property's value and charge you for this appraisal. We will provide you copies of your appraisal promptly upon completion or at least three (3) days prior to closing. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

Credit Denial Notice: If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact **Texas Gulf Bank, NA, P.O. Box 417 Clute Texas 77531, Attention: Loan Administration or contact 979-297-7211**, within 60 days of 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. The notice that follows describes additional protections extended to you.

Equal Credit Opportunity Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a 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 Protection Act. The federal agency that administers compliance with this law concerning the Bank is: **The Office of the Comptroller of the Currency, Customer Assistance Group, at 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050.**

SIGNATURE'S

<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor			
	<i>Signature (above)</i>	Printed Name (above)	Date
<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor			
	<i>Signature(above)</i>	Printed Name (above)	Date
<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor			
	<i>Signature(above)</i>	Printed Name (above)	Date
<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor			
	<i>Signature(above)</i>	Printed Name (above)	Date
<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor			
	<i>Signature(above)</i>	Printed Name (above)	Date

FOR LENDERS USE ONLY

Loan Originator's Name (Print or Type)	Loan Originator's Signature	Phone #
--	-----------------------------	---------

Date Application Received:	Application Date:	Date Application Decision Made:
----------------------------	-------------------	---------------------------------

Decision: Approved Approved Not Accepted Counteroffer Denied Incomplete Application Withdrawn

Comments/Reason:

Certification Regarding Beneficial Owner(s) and Controlling Person of Legal Entity Customers

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the Certifying Person - the person opening a new account or otherwise fulfilling the bank's request to provide this Beneficial Ownership related information - on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e., the beneficial owners and controlling person):

- i. Each individual, if any, who owns, directly or indirectly, either 25 percent or more, or 10 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more, or 10 percent or more of the shares of a corporation) depending on bank instruction; and
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer)

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (D), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (D), you must provide the identifying information of one individual under section (E). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (E)), and up to five individuals (i.e., one individual under section (E) and four 25 percent equity holders under section (D)).

A valid, unexpired, (color copy) of a photo ID for the control person and each individual beneficial owner. A legible photocopy is acceptable as long as it is clear, and the information is easily discernable. The image must be of sufficient quality to be legible after being scanned into the bank system.

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a Legal Entity must provide the following information:

a. **Name and Title** of Natural Person opening account:

b. **Name, Type, and Address** of Legal Entity for which the account is being opened:

c. The following information for **each** individual*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more** of the equity interests of the Legal Entity listed above:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	% of Ownership
1						
2						
3						
4						

*If no individual meets this definition, please enter "Not Applicable" **explain below** (i.e. All <25%; Charity/Non-Profit; etc.)

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

d. The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

F. CERTIFICATION:

I, _____ (name of person signing this form), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: ____ Account Number _____

Phone Number _____

Legal entity Identifier _____ (Optional)

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Complete this form if loan is for Purchase, Refinance or Improvement of a 1-4 Family or Multi-Family Dwelling. Do not complete if applicant is an entity, i.e. corporation, Partnership, LLC

DEMOGRAPHIC INFORMATION: The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname.** The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant:	Co-Applicant
Ethnicity	Ethnicity
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino: <i>Enter Origin</i> <u>Example: Argentinean, Columbian, Spaniard, etc.</u>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino: <i>Enter Origin</i> <u>Example: Argentinean, Columbian, Spaniard, etc.</u>
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
Race	Race
<input type="checkbox"/> American Indian/Alaskan Native: <u>Enter name of enrolled or principal tribe</u>	<input type="checkbox"/> American Indian/Alaskan Native: <u>Enter name of enrolled or principal tribe</u>
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: Enter Race <u>Example: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</u>	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: <i>Enter Race</i> <u>Example: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</u>
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Enter Race: <u>Example: Fijian, Tongan, etc.</u>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Enter Race: <u>Example: Fijian, Tongan, etc.</u>
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
Sex:	Sex:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information
Applicant Signature:	Co-Applicant Signature:
Date	Date

To Be Completed by Financial Institution (for an application taken in person):	Applicant	Co-Applicant
Was the ethnicity of the applicant(s) collected on the basis of visual observation or surname?	<input type="checkbox"/> No or <input type="checkbox"/> Yes	<input type="checkbox"/> No or <input type="checkbox"/> Yes
Was the race of the applicant(s) collected on the basis of visual observation or surname?	<input type="checkbox"/> No or <input type="checkbox"/> Yes	<input type="checkbox"/> No or <input type="checkbox"/> Yes
Was the sex of the applicant(s) collected on the basis of visual observation or surname?	<input type="checkbox"/> No or <input type="checkbox"/> Yes	<input type="checkbox"/> No or <input type="checkbox"/> Yes

The Demographic Information of the Applicant(s) was provided through:

Applicant:	<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax or Mail	<input type="checkbox"/> Email or Internet
Co-Applicant:	<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax or Mail	<input type="checkbox"/> Email or Internet
Loan Originator's Signature			Date:	
Loan Originator's Name (print or Type)	Loan Originator Identifier	Loan Originator's Phone Number (include area code)		
Loan Origination Company's Name	Loan Origination Company Identifier	Loan Origination Company's Address		
Texas Gulf Bank	449380			



COVERED BORROWER IDENTIFICATION STATEMENT

Federal law provides important protections to active-duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, Space Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer. "...OR I AM a National Guard member under call of duty authorized by the President or the Secretary of Defense for more than 30 consecutive days OR I AM a commissioned officer of the Public Health Service, or the National Oceanic and Atmospheric Administration engaged in 'active service'."

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

--OR--

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, Space Force, or Coast Guard, serving a period of 30 days or fewer (or a dependent of such a member). "...AND I AM NOT a National Guard member under call of duty authorized by the President or the Secretary of Defense for more than 30 consecutive days AND I AM NOT a commissioned officer of the Public Health Service, or the National Oceanic and Atmospheric Administration engaged in 'active service'."

WARNING: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.

Borrower(s) Name(s)

Borrower Signature

Date

Borrower Signature

Date



COVERED BORROWER IDENTIFICATION STATEMENT

Federal law provides important protections to active-duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, Space Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer. "...OR I AM a National Guard member under call of duty authorized by the President or the Secretary of Defense for more than 30 consecutive days OR I AM a commissioned officer of the Public Health Service, or the National Oceanic and Atmospheric Administration engaged in 'active service'."

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

--OR--

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, Space Force, or Coast Guard, serving a period of 30 days or fewer (or a dependent of such a member). "...AND I AM NOT a National Guard member under call of duty authorized by the President or the Secretary of Defense for more than 30 consecutive days AND I AM NOT a commissioned officer of the Public Health Service, or the National Oceanic and Atmospheric Administration engaged in 'active service'."

WARNING: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.

Guarantor(s) Name(s)

Guarantor Signature

Date

Guarantor Signature

Date