

SMALL BUSINESS CREDIT APPLICATION

USE THIS APPLICATION FOR CREDIT REQUESTS UP TO \$50,000 (SECURED OR UNSECURED) AND REQUESTS FROM \$50,001 TO \$100,000 (SECURED ONLY). PLEASE WRITE LEGIBLY USING BLACK INK. FOR ANY FIELD WITH A \$0 VALUE, WRITE "NONE."

WACHOVIA

CREDIT REQUEST (See reverse side for additional requirements)

Line of Credit	Amount Requested	Purpose of Credit	Collateral Description
Term Loan (Including Mortgages)			
Lease			

Collateral Location (If Real Estate): _____ City: _____ State: _____ Zip: _____
 Owner of Collateral: _____ Purchase Price/Market Value: \$ _____

COMPANY INFORMATION

C-Corp Sub-S Corp LLC General Partnership Sole Proprietorship Other _____

Legally Registered Company Name: _____ Trade or DBA Name: _____

Physical Street Address (No PO Box): _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Business Phone: (____) _____ Date Established: _____ State Established: _____
(No cell phones)

Nature of Business: _____ Federal Tax ID#: _____ Gross Annual Sales: \$ _____

Average Business Checking Balance: \$ _____ Primary Bank Name: _____

Total Business Debt: _____ Total Monthly Business Debt Payments: _____

OWNER/PRINCIPAL OFFICER INFORMATION (For each individual with 25% or more ownership)

I Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. (Optional) _____ Name: _____ Ownership %: _____ Owner Since: _____ Owner's Title: _____ Home Street Address: _____ City: _____ State: _____ Zip: _____ Home Phone: (____) _____ Date of Birth: ____/____/____ <small>(No cell phones)</small> Social Security Number: _____ Primary Bank Name: _____ Avg. Checking Balance: _____ Monthly Mortgage/Rent (Personal residence): _____ Total Liquid (Cash, Stock): _____ Retirement Accts: _____ Total Assets: _____ Total Liabilities: _____ Adj. Annual Gross Income: _____ Net Worth: _____ <small>(From Tax Return) (Excluding Business Value)</small> Have you ever been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any outstanding liens, suits, or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No Check here if no others own more than 25% <input type="checkbox"/> None	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. (Optional) _____ Name: _____ Ownership %: _____ Owner Since: _____ Owner's Title: _____ Home Street Address: _____ City: _____ State: _____ Zip: _____ Home Phone: (____) _____ Date of Birth: ____/____/____ <small>(No cell phones)</small> Social Security Number: _____ Primary Bank Name: _____ Avg. Checking Balance: _____ Monthly Mortgage/Rent (Personal residence): _____ Total Liquid (Cash, Stock): _____ Retirement Accts: _____ Total Assets: _____ Total Liabilities: _____ Adj. Annual Gross Income: _____ Net Worth: _____ <small>(From Tax Return) (Excluding Business Value)</small> Have you ever been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any outstanding liens, suits, or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No If more than 2 individuals copy form and complete for each
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COMPLETE FOR LINE OF CREDIT REQUESTS

Please link my line of credit to my business checking account for overdraft protection (Available on lines up to \$50,000) Yes No

If yes, provide Account Number: _____

Auto Debit Account Number: _____

COMPLETE FOR SMALL BUSINESS LEASE REQUESTS

Types of equipment you are planning to acquire:

<input type="checkbox"/> Copiers	<input type="checkbox"/> Telephone Systems	<input type="checkbox"/> Fax Machines	<input type="checkbox"/> Computers/Networks
<input type="checkbox"/> Printing Presses	<input type="checkbox"/> Office Furniture	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Point-of-Sale
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Forklifts	<input type="checkbox"/> Laundry	<input type="checkbox"/> Photo Processing
		<input type="checkbox"/> Medical	<input type="checkbox"/> Audio/Visual

Sales Tax Exempt? Yes No If "Yes," exemption certificate must be attached. When are you planning to acquire the equipment? ____/____/____

By signing this Application, the party named in the section titled "Company Information", and each party named in the section titled "Owner/Principal Officer Information" agrees to each of the terms and conditions contained in the separate Agreement attached hereto. **IN ADDITION, EACH INDIVIDUAL WHO SIGNS THIS APPLICATION ON BEHALF OF A PARTY, ALSO AGREES, IN HIS OR HER INDIVIDUAL CAPACITY, TO EACH OF THE TERMS AND CONDITIONS CONTAINED IN THE SEPARATE AGREEMENT ATTACHED HERETO, EVEN IF A TITLE OR OTHER DESIGNATION APPEARS NEXT TO HIS OR HER NAME OR SIGNATURE.**

Owner/Officer Signature X _____ Title _____ Date _____

Owner/Officer Signature X _____ Title _____ Date _____

IMPORTANT TERMS AND CONDITIONS

By signing this Application, the Authorizing Officer and the Company, by and through the Authorizing Officer, and each Owner (A) certify to Wachovia Bank, National Association (Wachovia) that (i) (s/he is applying for credit, as indicated on this Application, (ii) each is authorized to execute this Application for the Company, and (iii) all information and documents submitted are true, correct, and complete; (B) authorize Wachovia to (i) obtain consumer and/or business reports, (ii) obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit, and (iii) provide joint experience with Wachovia to consumer reporting agencies and others and (iv) share with any of its affiliates (i.e., companies in the Wachovia family) any customer transaction and experience information and other customer information (e.g., applications and other non-transaction and non-experience information) for such purposes as it, in its sole discretion, may deem necessary or appropriate; (C) agree to notify Wachovia promptly of any material change in any such information; and (D) understand and agree that (i) the granting of the credit facility requested in this Application is subject to credit approval by Wachovia, (ii) Wachovia may, at any time, request additional financial information as a condition for such credit, and (iii) collateral may be required as a condition of granting credit. I understand that I may "opt out" of (i.e., prohibit) sharing "other customer information" among Wachovia affiliates by sending (in a separate envelope without any other correspondence) my request to "opt out", along with my full name, address (as it appears on my account statement), Social Security number, telephone number, and account type and number, to Wachovia Bank, National Association, P.O. Box 11726, Roanoke, VA 24022-1726. (My request will be mailed in a separate envelope and will not be included with any other bank correspondence.) I further understand that, if I and another individual have jointly applied for a Wachovia account or service, you will treat my direction not to share my "other customer information" with any of your affiliates in the Wachovia family as applying to me individually, unless I specify that I am acting on behalf of the other joint applicant and that the direction not to share should apply to the other joint applicant, as well.

— Refer to the following table to determine additional documentation that will be required to consider your request —

FOR LINES OF CREDIT OR TERM LOANS ONLY

Credit Request	Information Required	How to Submit
Up to \$50,000 Secured or Unsecured	<ul style="list-style-type: none"> Completed Application 	Fax: 1-877-478-6928 Phone: 1-800-566-3862 Press 4, then 1 Mail to: Wachovia Bank Business Credit Solutions 301 S. College Street (NC1120) Charlotte, NC 28288-1120
\$50,001 to \$100,000 Secured	<ul style="list-style-type: none"> Completed Application 	Fax: 1-877-326-4070 Phone: 1-800-566-3862 Press 4, then 1 In MD, VA, DC, GA & FL, mail to: Wachovia Bank Business Credit Solutions 301 South College Street (NC1120) Charlotte, NC 28288-1120 In CT, NY, NJ, PA & DE, mail to: Wachovia Bank Business Credit Solutions 123 S. Broad Street, Witherspoon 10th Philadelphia, PA 19109
\$50,001 to \$100,000 Unsecured	<ul style="list-style-type: none"> Completed Application Personal Financial Statement (for each individual with at least 25% ownership) Two Years Personal Tax Returns Two Years Business Tax Returns OR CPA-Prepared Year End Financial Statements Schedule of Business Debt, including Payment Amounts 	In NC & SC, mail to: Wachovia Bank Business Credit Solutions 101 N. Cherry St, 7th Floor (NC6977) Winston-Salem, NC 27150
\$100,001 to \$350,000 Secured or Unsecured	<ul style="list-style-type: none"> Completed Application Personal Financial Statement (for each individual with at least 25% ownership) Two Years Personal Tax Returns Three Years Business Tax Returns OR CPA-Prepared Year End Financial Statements Schedule of Business Debt, including Payment Amounts Accounts Receivable & Payable Aging 	In NC & SC, mail to: Wachovia Bank Business Credit Solutions 101 N. Cherry St, 7th Floor (NC6977) Winston-Salem, NC 27150
\$350,001 to \$1,500,000 Secured or Unsecured	<ul style="list-style-type: none"> Completed Application Personal Financial Statement (for each individual with at least 25% ownership) Two Years Personal Tax Returns Three Years Business Tax Returns OR CPA-Prepared Year End Financial Statements Schedule of Business Debt, including Payment Amounts Accounts Receivable & Payable Aging 	In NC & SC, mail to: Wachovia Bank Business Credit Solutions 101 N. Cherry St, 7th Floor (NC6977) Winston-Salem, NC 27150

FOR LEASE ONLY

\$5,000 to \$75,000	<ul style="list-style-type: none"> Completed Application 	Fax: 1-877-800-6764 Phone: 1-877-800-6772 Mail to: Wachovia Business Leasing Processing Center 1111 Old Eagle School Road Wayne, PA 19087
\$75,001 to \$150,000	<ul style="list-style-type: none"> Completed Application One Year Personal Tax Returns OR CPA-Prepared Year End Financial Statement 	
\$150,001 to \$500,000	<ul style="list-style-type: none"> Completed Application Three Years Business Tax Returns OR CPA-Prepared Year End Financial Statements 	

— If your request will be secured by Real Estate, Equipment, or Stock, include the following information with your application —

Collateral	Required Documentation
Real Estate being purchased	<ul style="list-style-type: none"> Copy of real estate contract Name and telephone number of insurance agent Name and telephone number of settlement agent
Real Estate already owned	<ul style="list-style-type: none"> Copy of legal description and address of property including zip code Name and telephone number of insurance agent Title insurance/closing agent/attorney preference (if any)
Equipment being purchased/leased	<ul style="list-style-type: none"> Copy of invoice or price quotation Name and telephone number of insurance agent
Equipment already owned	<ul style="list-style-type: none"> List of equipment including make, model, and serial numbers Name and telephone number of insurance agent
New Vehicle	<ul style="list-style-type: none"> Bill of Sale
Stock	<ul style="list-style-type: none"> Copy of stock certificate

Selling Officer Name	Supervisor's Name	Position	Phone	Emp. ID #	Co-Sub	RC
Referring Officer Name		Position	Phone	Emp. ID #	Co-Sub	RC