



Customer Identification Program Notice

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you:

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.

APPLICANT INFORMATION

DATE OF APPLICATION: _____

Credit Request:

☐ Applicant Only ☐ Joint with Co-Applicant(s)

We intend to apply for joint credit (Initial Below):

Applicant: _____ Co-Applicant: _____

Applicant is:

☐ Individual ☐ Sole-Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability Company
☐ Not-For-Profit ☐ An Association ☐ Gov't Entity ☐ Trust ☐ Other:

Name of Applicant(s) - Business Name or Individual(s):

Check if applying
as Guarantor

We intend to apply as
joint guarantors:

_____	SSN/TIN # _____	<input type="checkbox"/>	_____	_____
_____	SSN/TIN # _____	<input type="checkbox"/>	_____	_____
_____	SSN/TIN # _____	<input type="checkbox"/>	_____	_____
_____	SSN/TIN # _____	<input type="checkbox"/>	_____	_____
_____	SSN/TIN # _____	<input type="checkbox"/>	_____	_____

Street Address: _____ City: _____ State: _____ Zip: _____

Principal Office Address (if different than above)

Street Address: _____ City: _____ State: _____ Zip: _____

Complete if other than individual or sole-proprietor:

State of Organization: _____ Date Filed/Organized: _____

CREDIT REQUEST(S):

1) Amount Requested: \$ _____ Term of Credit: _____ Loan Type: _____
 Purpose of Credit Request: _____
 Guarantor(s) Proposed: _____

2) Amount Requested: \$ _____ Term of Credit: _____ Loan Type: _____
 Purpose of Credit Request: _____
 Guarantor(s) Proposed: _____

Add Additional Sheets, if necessary.

Answer	Question	Explanation (Please use additional sheet if necessary)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company or principals have any unsettled lawsuits, judgments, or disputes? If yes, explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business or any principal ever declared bankruptcy? If yes, when?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any taxes currently past due by the business or any principal? If yes, explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the company liable on any debts not shown?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the company or any principal contingently liable as guarantor or endorser? If yes, explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any principal been indicted or convicted of a felony or misdemeanor? If yes, explain.	

Demographic Information of Applicant and Co-Applicant

If the Applicant is one or more individuals and the loan is for one of the following purposes, please read & complete the Government

Monitoring Information:

- ☐ Purchase, refinance or improvement of a residential investment property
- ☐ Purchase, refinance or improvement of a multi-family or apartment building investment property

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, race, and sex) 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 of more "Hispanic or Latino" origins and one of 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, race and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

Applicant:

Ethnicity:

- ☐ Hispanic or Latino – *Check one or more*
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Hispanic or Latino – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:* _____
- ☐ Not Hispanic or Latino
- ☐ I do not wish to furnish this information.

Race:

- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe:* _____
- ☐ Asian – *Check one or more*
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian and so on:* _____
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan and so on:* _____
- ☐ White
- ☐ I do not wish to furnish this information.

Sex:

- ☐ Female
- ☐ Male
- ☐ I do not wish to furnish this information.

Co-Applicant:

Ethnicity:

- ☐ Hispanic or Latino – *Check one or more*
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Hispanic or Latino – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:* _____
- ☐ Not Hispanic or Latino
- ☐ I do not wish to furnish this information.

Race:

- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe:* _____
- ☐ Asian – *Check one or more*
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian and so on:* _____
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan and so on:* _____
- ☐ White
- ☐ I do not wish to furnish this information.

Sex:

- ☐ Female
- ☐ Male
- ☐ I do not wish to furnish this information.

To be completed by Financial Institution (for an application taken in person):**Applicant:**

Was the ethnicity of the applicant collected on the basis of visual observation or surname?

☐ Yes
☐ No

Was the race of the applicant collected on the basis of visual observation or surname:

☐ Yes
☐ No

Was the sex of the applicant collected on the basis of visual observation or surname?

☐ Yes
☐ No

Co-Applicant:

Was the ethnicity of the applicant collected on the basis of visual observation or surname?

☐ Yes
☐ No

Was the race of the applicant collected on the basis of visual observation or surname:

☐ Yes
☐ No

Was the sex of the applicant collected on the basis of visual observation or surname?

☐ Yes
☐ No

APPLICANT SIGNATURES

I/We hereby apply for the commercial credit request(s) described in the application on behalf of the applicant business. I/We certify that I/We made no misrepresentation in the loan application or in any related documents, that all information is true and complete, and that I/We did not omit any important information. I/We agree that any property securing the credit request will not be used for any illegal or restricted purpose. York Traditions Bank is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. I/We, as individual borrowers, co-borrower or guarantors on the credit request, hereby authorize the Lender to check the Undersigned's credit and employment history, to have a consumer credit report prepared on the Undersigned and to answer questions others may ask about the Undersigned's credit record with the Lender. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. The representations and authorizations extend not only to Lender, but to any insurer of the loan and to any investor to whom Lender may sell all or part of the credit request. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

Applicant(s) are applying to Lender for the above requests as of this _____ day of _____, 20_____.

APPLICANT (if signing as an officer of a company, include your title):

By: _____ By: _____

By: _____ By: _____

FOR LENDER'S USE ONLY

Application Taken By: ☐ Face to Face ☐ Mail ☐ Telephone ☐ Internet

Officer	Application Date	Flood Cert <input type="checkbox"/>	CBR <input type="checkbox"/>	Property Rpt <input type="checkbox"/>	Appraisal <input type="checkbox"/>	ITR <input type="checkbox"/>	Financials <input type="checkbox"/>	Date App Complete	Decision Date
Officer Phone Number:			Is this loan a HMDA reportable loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete HMDA form and submit with the completed application.						



PERSONAL FINANCIAL STATEMENT AS OF _____

SUBMITTED TO: _____

PERSONAL INFORMATION					
Applicant (Name):			Co-Applicant (Name):		
Employer			Employer		
Address of Employer			Address of Employer		
Bus Phone #	# Years with Employer	Title/Position	Bus Phone #	# Years with Employer	Title/Position
Name of previous employer & position (if with current employer less than 3 yrs)		No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs)		No of Yrs.
Home Address			Home Address		
Home Phone #	Social Security #	Date of Birth	Home Phone #	Social Security #	Date of Birth
Name, Phone # of your Accountant			Name, Phone # of your Accountant		
Name, Phone # of your Attorney			Name, Phone # of your Attorney		
Name, Phone # of your Investment/Broker			Name, Phone # of your Investment/Broker		
Name, Phone # of your Insurance Advisor			Name, Phone # of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended *Enter Date* (Omit cents)

Annual Income	Amount (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME →	\$

Annual Expenditures	Amount (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES →	\$

Any significant changes expected in the next 12 months? ☐ Yes ☐ No (If yes, attach information)

**Income from alimony, child support of separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of Enter Date Here.

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash in this Bank (including money market accounts, CDs)		Notes Payable to this Bank	
		Secured	
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Partnerships / PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts			
Deferred Income (number of years deferred)			
Personal Property (including automobiles)			
Other Assets (List):			
Total Assets	\$	Total Liabilities	\$
Net Worth		\$	

Contingent Liabilities	Yes	No	Amount
Are you a guarantor, co-make, or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	\$
What would be your total estimated tax liability if you were to sell your major assets?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If yes for any of the above, give details:			
Has any principal been indicted or convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please explain:			

Schedule A – All Securities (including non-money market mutual funds)							
No. of Shares (Stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledged	
						Yes	No
Readily Marketable Securities (including U.S. Governments and Municipals)*							
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Non-Readily Marketable Securities (closely held, thinly traded or restricted stock)							
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

*If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B – Insurance*Life Insurance (use additional sheet if necessary)*

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership
	\$			\$	\$	
	\$			\$	\$	
	\$			\$	\$	

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled	\$	\$
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnerships (less than majority ownership for real estate partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (indicate name):						
Investments (Including Tax Shelters):						

Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E – Notes Payable

Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Please Answer The Following Questions:

1. Income Tax returns filed through (date): .
Are any returns currently being audited or ☐ Yes ☐ No
contested? If yes, what year(s)?
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? ☐ Yes ☐ No
If yes, please provide details:
3. Have you drawn a will? ☐ Yes ☐ No
If yes, please furnish the name of the executor(s) and year will was drawn:
4. Number of dependents (excluding self) and relationship to applicant:
5. Have you ever had a financial plan prepared for you? ☐ Yes ☐ No
6. Did you include two years federal and state tax returns? ☐ Yes ☐ No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? ☐ Yes ☐ No
If so, please indicate where, how much, and name of banker:
8. Do you anticipate any substantial inheritances? ☐ Yes ☐ No
If yes, please explain:

Representations and Warranties

The information contain in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement of (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice of a new or full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information continued herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you and information it maybe have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature (if you are requesting
financial the financial accommodation jointly)

Schedule of Real Estate Owned

Borrower:												
Proposed status changes in the near future (sale, exchange, rental composition, etc.) should be described in the remarks section. If percentage of ownership in any property is less than 100%, indicate other owners and their % in the remarks section.												
CASH FLOW												
Property Address	Property Type	Ownership Entity	% of Ownership	Purch Date Purch Cost	Current Market Value	Mortgage Liens	Monthly Mfg Pmt	Name of Mortgage Lender	Annual Rents	Annual Expenses	Net Rental Income	Lease Terms Lease Expir.
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Res		%			1 st 2 nd	1 st 2 nd	1 st 2 nd				
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental												
Remarks:												
Property Address	Property Type	Ownership Entity	% of Ownership	Purch Date Purch Cost	Current Market Value	Mortgage Liens	Monthly Mfg Pmt	Name of Mortgage Lender	Annual Rents	Annual Expenses	Net Rental Income	Lease Terms Lease Expir.
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Res		%			1 st 2 nd	1 st 2 nd	1 st 2 nd				
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental												
Remarks:												
Property Address	Property Type	Ownership Entity	% of Ownership	Purch Date Purch Cost	Current Market Value	Mortgage Liens	Monthly Mfg Pmt	Name of Mortgage Lender	Annual Rents	Annual Expenses	Net Rental Income	Lease Terms Lease Expir.
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Res		%			1 st 2 nd	1 st 2 nd	1 st 2 nd				
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental												
Remarks:												
Property Address	Property Type	Ownership Entity	% of Ownership	Purch Date Purch Cost	Current Market Value	Mortgage Liens	Monthly Mfg Pmt	Name of Mortgage Lender	Annual Rents	Annual Expenses	Net Rental Income	Lease Terms Lease Expir.
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Res		%			1 st 2 nd	1 st 2 nd	1 st 2 nd				
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental												
Remarks:												

If more than 5 properties are owned, please copy the Schedule of Real Estate Owned and attach it with this document.



TRADITIONS BANK

COMMERCIAL LOAN CHECKLIST

PLEASE RETURN COMPLETED APPLICATION ALONG WITH:

- ☐ Business financial statements for previous 3 years
- ☐ Business tax returns for previous 3 years
- ☐ Personal tax returns for previous 3 years
- ☐ Year-to-date Balance Sheet and Profit & Loss statement
- ☐ Personal financial statement

***Additional documentation may be required.**

May we contact you via email if additional information is required?

We will always use encrypted email whenever confidential information is being sent to you and request that for your safety you use encrypted or password protected email & files when sending confidential information to us.

If you agree to email correspondence, please provide your email address:

RETURN TO ANY BRANCH:

York Area Branch Locations

235 St. Charles Way, Suite 150
York, PA 17404
Attn: Branch Manager

2450 Eastern Boulevard York,
PA 17402
Attn: Branch Manager

2305 Susquehanna Trail North
York, PA 17404
Attn: Branch Manager

2170 White Street
York, PA 17404
Attn: Branch Manager

100 North George Street
York, PA 17401
Attn: Branch Manager

Hanover Branch Location

361 Eisenhower Drive
Hanover, PA 17331
Attn: Branch Manager

Lancaster Branch Location

1687 Oregon Pike
Lancaster, PA 17601
Attn: Branch Manager

OR MAIL OR FAX TO:

Traditions Center
226 Pauline Drive
P.O. Box 3658
York, PA 17402-0136
Attn: Business Services

FAX: 717-741-1498