



PO Box 9146
San Juan PR 00908-0146

Identification: Know Your Customer

Type of Identification: _____
 Number of Identification: _____
 State: _____
 Expiration Date: _____

Commercial Loan Application Information

FIRSTBANK Customer Yes No Branch _____ Customer Since _____

Applicants Information

Name _____ Tax Payer I.D. _____
 _____ Personal S.S _____
 Physical Business Address _____ Telephone: _____
 _____ Fax: _____
 Mailing Address _____ Home: _____
 _____ Cell Phone: _____

Business Information

Sole Proprietorship Society Corporation Other Year Established _____ Year Incorporated _____
 Number of Employees _____
 Line of Business _____ Product or Services Rendered _____

Name of Officers, Stockholders and Cosigners if any	Tax I.D. Soc. Security	% of Stock Owned (20% or more only)	Position Pres/ Sec/ Treas Or Stockholder	Firstbank Customer?	
				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"/>

Loan Information

Amount Requested \$ _____ New Renewal
 Purpose of Loan _____
 Facilities Requested Term Loan Line of Credit Fixed Loan Other (Specify) _____
 Term Requested 30 days 60 days 90 days 180 days
 1 year 2 years 3 years Other _____
 Income ** and/or source of repayment _____
 Collateral Offered _____
Address of Real Property – If Equipment please mention type and year / Personal Guarantees / Others
 Owner of Guarantee _____ Lien (rango) 1st. Mortgage or 2nd Mortgage
 Estimated Value \$ _____ Appraised value (if available) \$ _____ Amount Owed (previous lien) \$ _____
 ** It is not necessary to include income from alimony, child support or separate pension unless you wish to consider it as part of your income for this application

Commercial Credit References

Name & Merchant ID Number	Address	Telephone	Fax

Additional Information

1) Are you an officer, director or Guarantor of an organization that presently has credit extended or approved with FIRSTBANK?
 Yes No
 If yes please name organization _____
 2) Are you an officer or Director of a Financial Institution? Yes No
 If yes, Please give Position _____ And name of the institution _____

I (we) hereby certify that all information and any supplemental data submitted with this application is true and correct. The application contains no false representations or avoids mentioning any circumstances that may alter the veracity of the information submitted. I (we) authorize FIRSTBANK to revise my (our) credit history and payment ability and to disclose to third persons any credit information in the Bank. The original of this application will be retained by the Bank even if the loan is not granted.

Borrower Signature	Date	Borrower Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Regulation B (Equal Credit Opportunity Act)

Dear Applicant:

If your Application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the undersigned at the address or telephone number mentioned below, within 60 days from 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.

Cordially,
 FIRSTBANK
 PO Box 9146
 San Juan PR 00908-0146

Tel. (787)729-8200

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age, (provided that the applicant has the capacity to enter into a binding contract); Because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any rights under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this Law concerning this creditor is; FDIC, Consumer Response Center 2345, Grand Blvd. , Suite 100, Kansas City, Mo 64108.

Know Your Customer

Federal law requires that all financial Institutions obtain, verify and keep records regarding the information that identifies all persons who open accounts. This means that, when you open an account, we will ask for your name, address, date of birth and Social Security or Tax Identification number as well as other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents. In all cases, protection of our customer's identity and the confidentiality of customer information is our pledge to you

To be completed by Officer or Interviewer

This application was taken by;

Were all documents received with application
 Yes No

By interview By Mail By telephone

If no, date requested _____
 (See **Checklist** below for pending documents)

_____	_____	_____
Officer or Interviewer Signature	ID No.	Date

For Bank use only (If necessary attach additional comments)

Comments: (Strengths, weaknesses, opinion and recommendation), _____

Date: _____ Signature (s) : _____

Decision : _____

Interest rate: _____ Commission _____ Prepayment Penalty _____ Late Fees _____

Checklist

3 years of Business Financial Statements (F/S) and interim F/S if year end is less than 6 month	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending
Personal and guarantors Financial Statements.	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending
Checking account statements for the last three month (commercial and personal if separate.	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending
If corporation 1) Articles of incorporation, 2) By Laws 3) Certificate of incorporation.	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending
Municipal Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending
Others according to loan requirements (aging of A/R, projections, contracts, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending