

## PACIFIC VALLEY BANK BUSINESS APPLICATION FORM

Purpose:  New Deposit Account  New Loan  
 Branch:  Salinas  King City  Monterey

### Section I: Business Information – Loans and Deposits

Legal Business Name of Applicant:			
DBA/Trade Name (if applicable):			
Business Physical Address:		City:	State: Zip Code:
Business Mailing Address:		City:	State: Zip Code:
Business Phone Number (include area code):		Business EIN/TIN:	
Name of Primary Contact for Company:		Company Website:	
Name of Person Opening Account (if different than Primary Contact):		Estimated Annual Revenues/Sales: \$	
Primary Contact Phone Number:	Primary Contact Cell Phone Number:	Primary Contact Email Address:	
<a href="#">NAICS</a> Industry Code:	Date Business Established:	Previous Financial Institution:	

### Section II: Industry Questions – Loans and Deposits <sup>1</sup>

Is there an Automated Teller Machine (ATM) on site at the business? ATM Questionnaire(Q) Does your business engage in Internet Gambling? Does your business receive revenue from Cannabis Related Businesses? (CRB Q) If yes, estimate percent of revenues from Cannabis Related Business. _____ % Do you have ownership interest in a Cannabis Related Business? Does your business engage in financial services, such as lending, leasing, e-wallets, selling/leasing ATMs, Money Services Business, check cashing, insurance underwriting, insurance broker, investment banker, advisor, real estate broker, stock broker, hedge fund business, currency exchange, virtual currencies, trade finance, venture capital or similar Nonbank Financial Institution (NBFI) or Privately Owned Automatic Teller Machine (NBFIQ or POATMQ)? Does your business engage in precious metal/gem sales (excludes retail jewelry stores, includes gold/diamond and wholesale brokers, etc. (NBFIQ)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

### Section III: Entity Type – Loans and Deposits

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Non-Profit/Association/Club	<input type="checkbox"/> Trust	Other

(MUST COMPLETE NGO QUESTIONNAIRE)

<sup>1</sup>Businesses that answer YES to industry questions must complete an additional questionnaire, as applicable, which needs to be added to the customer’s onboarding package and forwarded to BSA via the BSA Directory for pre-approval. All documents must be uploaded to the Client file.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT OR APPLYING FOR A LOAN:** 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 TO YOU:** When you open an account or apply for a loan, 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.

**Section IV: Beneficial Ownership – Loans and Deposits**

Please provide 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 interest of the legal entity applicant. **If the customer answers YES to any of the Industry Questions in Section II, then Section IV must also include individuals who own 10% or more of the equity interest of the legal entity applicant.** If Cannabis Related Business, please include all owners for a total of **100%**. If no individual meets this definition, write "Not Applicable." Please attach additional copies of this page, as needed.

Please attach additional copies of this page, as needed					
Name <sup>2</sup>	% Owned	Date of Birth	Street Address	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Passport Number and Country of Issuance, or other similar identification number

Please provide the following information for **at least one** individual with **significant responsibility for managing the legal entity listed above**, such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); **OR**
- Any other individual who regularly performs similar functions.
- The founder(s) of a non-profit who typically hold position of Chairman or Board President.

If appropriate, an individual listed above may also be listed in this section. This section must be completed and is always applicable.

Please attach additional copies of this page, as needed				
Name/Title <sup>3</sup>	Date of Birth	Street Address	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Passport Number and Country of Issuance, or other similar identification number

I, \_\_\_\_\_ (person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

At the time of each subsequent loan or certificate of deposit CD renewal/rollover, the Bank does not require a new certification if: 1) The legal entity customer has a certification on file and 2) The legal entity customer and the CD remains the same. If any material changes have occurred, including signers, controlling interest individual, or beneficial owner(s), a new certification must be executed. Signing below certifies that the customer agrees to notify the Bank of any of these changes.

**Authorized Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<sup>2</sup> Must be a person. If business entities are owners, then list the owners of these entities.  
<sup>3</sup> Must be a person, not a business, or other entity.

## Signer Identification Information- Loans and Deposits

<b>Name 1 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner   Guarantor <small>(check all that apply)</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification (if applicable)	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer:	Occupation:	Previous Financial Institution:		
<b>Name 2 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner   Guarantor <small>(check all that apply)</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification (if applicable)	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer:	Occupation:	Previous Financial Institution:		
<b>Name 3 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner   Guarantor <small>(check all that apply)</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification (if applicable) :	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer:	Occupation:	Previous Financial Institution:		
<b>Name 4 and Title (if applicable):</b>		<input type="checkbox"/> Signer <input type="checkbox"/> Trustee <input type="checkbox"/> Owner   Guarantor <small>(check all that apply)</small>		
Residential Address (no PO Box):		City :	State:	Zip Code:
SSN/TIN:	Date of Birth:			
Primary Identification Type and Number:	Issued By:	Issue Date:	Expiration Date:	
Secondary Identification (if applicable):	Issued By:	Issue Date:	Expiration Date:	
Email Address:	Home Number:	Work Number:	Cell Phone Number:	
Employer:	Occupation:	Previous Financial Institution:		

**ADDITIONAL DATA FOR LOAN CUSTOMERS ONLY**

If you intend to apply for JOINT CREDIT, please initial here. Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

**You understand that you may apply for credit in your name alone, regardless of marital status.**

Loan Request 1	
This request is: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification	Amount requested:
The specific purpose of this loan is:	
Co-Applicant (if applicable):	
Collateral Offered:	
Borrower Ownership:	

Loan Request 2	
This request is: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification	Amount requested:
The specific purpose of this loan is:	
Co-Applicant (if applicable):	
Collateral Offered:	
Borrower Ownership:	

Loan Request 3	
This request is: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification	Amount requested:
The specific purpose of this loan is:	
Co-Applicant (if applicable):	
Collateral Offered:	
Borrower Ownership:	

General Information			
	YES	NO	If yes , provide details
Has applicant/co-applicant ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	
Is applicant/co-applicant a guarantor, endorser or co-signer for another person or entity?	<input type="checkbox"/>	<input type="checkbox"/>	
Is applicant/co-applicant applying for credit elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	
Is applicant/co-applicant a party to any claim or lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any tax liens or judgments against applicant/co-applicant?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of applicants/co-applicants assets pledged as collateral?	<input type="checkbox"/>	<input type="checkbox"/>	
Does applicant/co-applicant have a trust?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use any other bank? If yes, please provide bank name.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you do business under a fictitious name? If yes, provide filed document.	<input type="checkbox"/>	<input type="checkbox"/>	

## ADDITIONAL DATA FOR LOAN CUSTOMERS ONLY

I/we have applied for a loan from Pacific Valley Bank. In applying for the loan, the undersigned Applicant(s) understands that Pacific Valley Bank is relying upon the information provided in this Commercial Loan Application (CLA) and Financial Statement, in deciding to give or continue the financial accommodation or extension of credit requested or received. The applicant(s) certifies that all of the information provided is true, complete and correct, as of the date set forth hereon. I/we made no misrepresentation in the CLA or Financial Statement, nor did I/we omit any pertinent information.

I/we authorize the Lender to order a credit report, and verify other credit information. It is understood that a photocopy of this signature page will also serve as authorization. By signing below, I/we hereby authorize Pacific Valley Bank to file one or more financing statements (Form UCC-1) with the appropriate UCC filing office, covering the types of collateral described in this application.

The undersigned specifically acknowledge(s) and agree(s) that:

- (1) Verification or re-verification of any information contained in the CLA or Financial Statement may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this CLA or Financial Statement, and the original copy of this application will be retained by the Lender, even if the loan is not approved.
- (2) The Lender, its agents, successors and assigns will rely on the information in this CLA and Financial Statements and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; and in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns, may, in addition to all their other rights remedies, report my/our name(s) and account information to a credit reporting agency.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Pacific Valley Bank, 150 Main Street Suite 210, Salinas, CA 93901, (831) 771-4330, 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.

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 (provided 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 and customer complaints with this law concerning this creditor is the consumer Financial Protection Bureau (CFPB) at [consumerfinance.gov/complaint/](http://consumerfinance.gov/complaint/)

NOTICE OF RIGHT TO RECEIVE A COPY OF APPRAISAL (Commercial & Multi-Family 5+ units Real Estate): You have the right to receive a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at Pacific Valley Bank, 150 Main Street Suite 210, Salinas, CA 93901. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application. In your letter, give us your name as it appears on your loan application and the address you want the report mailed to. If we receive a written request from you for the appraisal report, we will advise you in writing of the cost of the report. Upon receipt of that amount, we will provide a copy of the report to you promptly.

NOTICE OF RIGHT TO RECEIVE A COPY OF APPRAISAL (Residential 1-4 Unit Real Estate): We may order an appraisal to determine the property's value and charge you for this appraisal. 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.

---

The undersigned certifies that he/she is authorized to execute this **Business Loan Application** on behalf of Applicant and that all information disclosed above and on all attached pages and supporting documentation is complete, true and correct. The undersigned authorizes Pacific Valley Bank ("PVB") and its successors and assignees, from time to time: (a) to verify any of said information, (b) to request and obtain information regarding the Applicant and the Co-Applicant's credit experience from others (including credit reporting agencies) and to verify such information, and (c) to provide information about the Applicant arising out of any transactions with PVB (i) to credit reporting agencies and (ii) to others in accordance with applicable law.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Applicant Signature)

\_\_\_\_\_  
(Date)

**Anticipated Deposit Account Activity – Deposit Customers Only**

Complete based on normal MONTHLY transaction activity for the business. Required for every account opened.

Please describe your industry and business activities:

Please describe in detail the products/services offered by the business:

What is the primary purpose of this new account (e.g. operating account, payroll, savings, retirement, etc.)?

What will be the source(s) of funds for ongoing deposits to the account (e.g. payments from customers, tenants, sales of products, payments from parent co., etc.)?

**CHECK ALL THAT APPLY**

	Monterey County	California	USA	International	If International, please list countries:
Where are your business suppliers located:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Geographic location/s where the business resides:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Geographic location/s of your customers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Types of banking services the business expects:**

If there is no expected activity, select the N/A box.

SERVICE	YES	N/A	ESTIMATED MONTHLY DOLLAR RANGES			
Currency/Cash Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$3,000	<input type="checkbox"/> \$3,000 - \$10,000	<input type="checkbox"/> \$10,000 to \$50,000	<input type="checkbox"/> IF >\$50K LIST AMT _____
Currency/Cash Withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$3,000	<input type="checkbox"/> \$3,000 - \$10,000	<input type="checkbox"/> \$10,000 to \$50,000	<input type="checkbox"/> IF >\$50K LIST AMT _____
Receipt of Domestic Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Originate Domestic Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Receipt of International Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Originate International Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Receipt of ACH Transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Originate ACH Transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Receipt of Internat'l ACH Transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> MORE THAN \$300,000	
Deposit Checks Electronically <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Under \$250,000	<input type="checkbox"/> \$250,000 - \$500,000	<input type="checkbox"/> MORE THAN \$500,000	



<sup>4</sup> Applies to PVB Remote Deposit Capture product where the customer utilizes a scanner to deposit checks to the Bank.