



Loan Application Form

Please return completed application to: info@TORCHSBL.com

Applicant does not have to employ an Agent or representative (including the Lender) to assist the Applicant with the loan application.

LOAN REQUEST INFORMATION

Loan Amount Requested (\$25k-\$150k):
Loan Purpose (check all that apply): <input type="checkbox"/> Working Capital (Hiring, Supplies/Inventory, Marketing, Operational Costs) <input type="checkbox"/> Debt Refinance <input type="checkbox"/> Commercial Real Estate Purchase <input type="checkbox"/> Equipment Purchase <input type="checkbox"/> Commercial Real Estate Refinance

BORROWING BUSINESS INFORMATION

Legal Business Name:	DBA Name (if applicable):	
Employer Identification Number (EIN):	Inception Date:	
Entity Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation	
Industry NAICS Code:	Organized for Profit? (Yes/No)	
Primary Business Address:		
City:	State:	Zip Code:
Mailing Address (if different from business address):		
City:	State:	Zip Code:
Business Phone Number:	Primary Contact Name:	
Primary Contact Phone Number:	Primary Contact Email:	
Franchise Name (if applicable):		
Has the Borrowing Business Applicant and/or its Affiliates ever filed for bankruptcy protection?		

AFFILIATES

List below all business entities which the Borrowing Business or any of the individuals listed in the Ownership section have any ownership. Include any entities that have an ownership interest in the Borrowing Business.

Company Name:	Individual Owner Name:	Ownership %:
Company Name:	Individual Owner Name:	Ownership %:
Company Name:	Individual Owner Name:	Ownership %:
Company Name:	Individual Owner Name:	Ownership %:



Loan Application Form cont'd

OWNERSHIP/GUARANTOR INFORMATION

For all owners with 20% or more ownership in the borrowing business, the following information is required:

Owner Name:		Ownership %:
Home Address:		
City:	State:	Zip Code:
Birth Date:	Social Security Number:	
Email Address:	Phone Number:	

Owner Name:		Ownership %:
Home Address:		
City:	State:	Zip Code:
Birth Date:	Social Security Number:	
Email Address:	Phone Number:	

Owner Name:		Ownership %:
Home Address:		
City:	State:	Zip Code:
Birth Date:	Social Security Number:	
Email Address:	Phone Number:	

Owner Name:		Ownership %:
Home Address:		
City:	State:	Zip Code:
Birth Date:	Social Security Number:	
Email Address:	Phone Number:	



Authorization To Obtain And Release Information

I hereby authorize TORCH Small Business Lending, a First Savings Bank Company or any of its affiliate lenders (collectively "Lenders") to obtain any and all information they may require at any time for any purpose related to my credit transaction, including obtaining my personal credit history from a consumer reporting agency. I authorize the release of all such information to the Lenders and further authorize the release of such information to any entity they deem necessary for any purpose related to my credit transaction with them.

I hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my knowledge. I also certify all financial and character information provided is true and accurate.

I hereby acknowledge that all conditional approvals will be in writing and subject to the terms and conditions set forth by an Underwriter of the Lenders.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

NOTICE TO APPLICANTS:

If your application for business credit is denied, you have the right to a written statement of the specific reason for denial. TORCH Small Business Lending will send such a written statement to you at the email address provided in your application. You may also obtain a statement by contacting TORCH Small Business Lending, a First Savings Bank Company, at aaahelp@TORCHsbl.com or 501 E. Lewis & Clark Parkway, Clarksville, IN 47129 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.

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 with this law concerning this creditor is the Federal Reserve Consumer Help, PO Box 1200, Minneapolis, MN 55480.

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