



LOAN PARTICIPATION APPLICATION

BANK OF NORTH DAKOTA
LENDING AG/COMMERCIAL
SFN 18196 (08-2023)

Date

DOCUMENTS TO BE SUBMITTED WITH APPLICATION (if applicable)

Commercial Loan Request		Agricultural Loan Request	
<input type="checkbox"/> Originating Lender Credit Presentation	<input type="checkbox"/> Guarantor Current & Three Years Financial Statements	<input type="checkbox"/> Originating Lender Credit Presentation	<input type="checkbox"/> Guarantor Current & Three Years Financial Statements
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Guarantor Three Years Tax Returns (including K-1s)	<input type="checkbox"/> Narrative	<input type="checkbox"/> Guarantor Three Years Tax Returns (including K-1s)
<input type="checkbox"/> Borrower History	<input type="checkbox"/> Credit Bureau Report(s)	<input type="checkbox"/> Current & Three Years Financial Statements	<input type="checkbox"/> Appraisal(s)
<input type="checkbox"/> Cash Flow Projections	<input type="checkbox"/> Appraisal(s)	<input type="checkbox"/> Three Years Tax Returns (including K-1s)	<input type="checkbox"/> Itemized Collateral Values
<input type="checkbox"/> Current & Three Years Financial Statements	<input type="checkbox"/> Current Lien Search	<input type="checkbox"/> Farm Budget Projections (include Annual Debt Service Requirements)	<input type="checkbox"/> Flood Determination
<input type="checkbox"/> Three Years Tax Returns (including K-1's)	<input type="checkbox"/> Flood Determination	<input type="checkbox"/> Credit Bureau Report(s)	<input type="checkbox"/> Current Lien Search

ORIGINATING FINANCIAL INSTITUTION

Name of Financial Institution	Legal Lending Limit	In-House Limit (if different than the legal lending limit)	
Address	City	State	ZIP Code
Account Officer	Email Address	Telephone Number	
Credit Analyst	Email Address	Telephone Number	
Loan Assistant	Email Address	Telephone Number	

APPLICANT INFORMATION

Borrower Name	Tax Identification (ID) Number
Telephone Number	Date of Birth (if applicable)
Mailing Address	
Street Address (if different than the mailing address)	
City	State ZIP Code

Co-Borrower Name	Tax Identification (ID) Number
Telephone Number	Date of Birth (if applicable)
Mailing Address	
Street Address (if different than the mailing address)	
City	State ZIP Code

Applicable to Borrower

Legal Structure (check one):	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Subchapter S Corporation	<input type="checkbox"/> General Partnership
	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____	
Nature of Business	NAICS Code (6 digits)			

LOAN REQUEST INFORMATION
(complete page 2 for each loan request)

Loan request is being submitted under the following (check one):

<input type="checkbox"/> Accelerated Growth	<input type="checkbox"/> Business Development Loan	<input type="checkbox"/> Bulk Propane Storage Tank
<input type="checkbox"/> Ag Bank Participation	<input type="checkbox"/> Commercial Bank Participation	<input type="checkbox"/> FSA Guaranteed Purchase
<input type="checkbox"/> Ag PACE Loan	<input type="checkbox"/> Family Farm Loan	<input type="checkbox"/> PACE (must submit Primary Sector Certification)
<input type="checkbox"/> Beginning Entrepreneur Guarantee	<input type="checkbox"/> Farm Operating Loan	<input type="checkbox"/> SBA Guaranteed Purchase
<input type="checkbox"/> Beginning Farmer Chattel Loan	<input type="checkbox"/> Flex PACE	<input type="checkbox"/> USDA Guaranteed Purchase
<input type="checkbox"/> Biofuels PACE	<input type="checkbox"/> Flex PACE Affordable Housing	<input type="checkbox"/> Other _____

Please complete ALL boxes on form to expedite approval process.

Loan Purpose			
Loan Type <input type="checkbox"/> Term <input type="checkbox"/> Revolving <input type="checkbox"/> Non-Revolving		Renew/Refinance BND Debt <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, New Note? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Loan Amount Requested	Proposed Maturity/Amortization/Repayment		
Bank of North Dakota's Loan Amount	Prepayment Penalty		
Proposed Service Fee	Proposed Origination Fee	BND Portion of Proposed Origination Fee	
Proposed Interest Rate Details (i.e. rate index, adjusting frequency, etc)			
Does an interest rate swap apply? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Collateral Offered			
County Code	Other Borrower Indebtedness with Originating Financial Institution	Business Debt	Personal Debt

Multiple Participants*

*Indicate if there will be additional participants involved in proposed debt OTHER than BND. Include additional participant names next to **Other Sources** below.

SOURCES AND USES OF FUNDS

Sources:	\$	Uses:	\$
Sources:	\$	Uses:	\$
Other Sources:	\$	Uses:	\$
Other Sources:	\$	Uses:	\$
Other Sources:	\$	Uses:	\$
Other Sources:	\$	Uses:	\$
Total		Total	

PACE/Flex PACE/Flex PACE Affordable Housing Programs Only

Community Funding Source		Tax ID Number	
Mailing Address		City	State ZIP Code
Contact Name	Telephone Number	Borrower's Number of Employees	Proposed Number of Employees
Proposed Investment (PACE Loans ONLY)		Number of Proposed Units (Affordable Housing ONLY)	

Marijuana Related Business Activities

Will loan proceeds be used for any marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the borrower or guarantor have plans to use this account for any marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?
Does the borrower or co-borrower generate revenue from marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?
I will notify BND immediately if this account will be used for any marijuana related business activities (provide initials).	Type Initials to Acknowledge Consent

Ownership/Guarantor Information (attach additional sheets, if necessary)

Name		Title		Telephone Number	
Address		City		State	ZIP Code
Tax ID Number	Years of Experience	Ownership Percentage %	Guarantee <input type="checkbox"/> Limited <input type="checkbox"/> Unlimited	Limited Amount or Percentage	

Name		Title		Telephone Number	
Address		City		State	ZIP Code
Tax ID Number	Years of Experience	Ownership Percentage %	Guarantee <input type="checkbox"/> Limited <input type="checkbox"/> Unlimited	Limited Amount or Percentage	

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