

First National Bank of Omaha*

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person or business entity that opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth (for individuals), taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

APPLICATION

DEPOSITORY PRODUCT(S) APPLIED FOR:

OTHER PRODUCT(S) / SERVICE(S):

LOAN	AMOUNT REQUESTED	PURPOSE	COLLATERAL INFORMATION		
LINE	AMOUNT REQUESTED	PURPOSE	COLLATERAL INFORMATION		
CREDIT CARD PROCESSING	INVESTMENT PLANNING	CASH MANAGEMENT	INSURANCE SERVICES	OTHER	
EQUIPMENT LEASING	INTERNET ACCESS	TRUST SERVICES	SAFE DEPOSIT BOX	OTHER	

BUSINESS INFORMATION

NAME OF BUSINESS	TAX ID #	BUSINESS PHONE	BUSINESS FAX
PHYSICAL BUSINESS ADDRESS (Number and Street, City, State, Zip Code)			YRS/MOS AT CURRENT ADDRESS
MAILING ADDRESS (Number and Street, City, State, Zip Code)			YEARS WITH CURRENT OWNERSHIP
TYPE OF BUSINESS (Sole Proprietorship, LLC, LLP, Partnership, Corporation, Non-Profit, Professional Corporation)		TRADE AREA (Local, Regional, National, International)	YEARS IN BUSINESS
LINE OF BUSINESS (Service, Professional, Wholesale, Manufacturing, Retail, Information, Agriculture, Real Estate, Non-Profit, Other)		STATE ORGANIZED UNDER	# OF EMPLOYEES
BUSINESS DESCRIPTION			
BUSINESS WEBSITE	BUSINESS EMAIL ADDRESS	GROSS ANNUAL REVENUE	CHECKING ACCOUNT BALANCE
SAVINGS ACCOUNT BALANCE			

LIST ALL PRINCIPAL OWNER (S) – PARTNERS – OFFICERS – SIGNERS

Complete Business Addendum to list additional owners, partners, officers or signers. See account signature card for authorized signers.

NAME	PHYSICAL ADDRESS		CITY/STATE/ZIP	
BUSINESS PHONE	CELL PHONE/PAGER	PHONE	SSN/TIN #	DATE OF BIRTH
POSITION/TITLE	% OF OWNERSHIP	SALARY FROM BUSINESS		
List all principal owner(s), partners – officers – signers		Explain Ownership Structure		
IDENTIFICATION TYPE	ID NUMBER	PLACE OF ISSUANCE	ISSUE DATE	EXPIRATION DATE
OTHER EMPLOYMENT	OTHER EMPLOYMENT POSITION	OTHER EMPLOYMENT LENGTH	OTHER INCOME ^	OTHER EMPLOYMENT PHONE

The undersigned agrees that First National Bank of Omaha may, now and from time to time in the future, obtain a personal credit report on the undersigned for purposes of evaluating current and future extensions of credit and other banking relationships with the business named in this application, for purposes of evaluating any guaranty requested from the undersigned, and for later purposes related to such credit or banking relationships (such as reviewing, updating, renewing, and taking collection action with regard to the same). On request, the undersigned will be informed as to whether a credit report was obtained and of the name and address of the consumer reporting agency that furnished the report. The undersigned also authorizes First National Bank of Omaha to contact any source necessary to verify employment, income, and other personal information. ^6
 ^Income from alimony, child support, or separate maintenance need not be revealed unless you want us to consider it in determining your creditworthiness.

The undersigned certifies that all of the information provided in this application is true and accurate.

SIGNATURE OF PRINCIPAL OWNER/PARTNER DATE

NAME	PHYSICAL ADDRESS		CITY/STATE/ZIP	
BUSINESS PHONE	CELL PHONE/PAGER	PHONE	SSN/TIN #	DATE OF BIRTH
POSITION/TITLE	% OF OWNERSHIP	SALARY FROM BUSINESS		
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SIGNATURE OF PRINCIPAL OWNER/PARTNER DATE

ADDITIONAL INFORMATION

YES	NO	
		IN THE LAST 7 YEARS, HAVE YOU OR YOUR BUSINESS HAD ANY UNSATISFIED JUDGMENTS OR DECLARED BANKRUPTCY?
		IN THE LAST 7 YEARS, HAVE YOU HAD PROPERTY FORECLOSED ON OR GIVEN A TITLE OR DEED IN LIEU THEREOF?
		DO YOU HAVE ANY UNUSED CREDIT FACILITIES AT ANY OTHER INSTITUTION? PLEASE EXPLAIN.
		HAVE YOU PREPARED A WILL AND/OR ESTATE PLAN?
		DO YOU HAVE CONTINGENT LIABILITIES AS CO-MAKER, GRANTOR?

*References to First National Bank of Omaha or First National Bank include our branches in other locations operating under the names First National Bank Iowa and First National Bank Southwest.

ADDITIONAL DOCUMENTS

We may ask for any of the following documents to complete the application.

OWNER AND/OR APPLICANT	BUSINESS
3 YEARS TAX RETURNS	ORGANIZATIONAL DOCUMENTS (e.g. Certified or Registered Articles of Incorporation, Certificate of Good Standing)
PERSONAL FINANCIAL STATEMENT	BUSINESS PLAN AND PROJECTIONS
BANK STATEMENTS	3 YEARS TAX RETURNS
OTHER	INTERIM FINANCIAL STATEMENT
	CPA-PREPARED FINANCIAL STATEMENT
	ACCOUNT RECEIVABLES STATEMENT
	OTHER

SECURED CREDIT

Complete this section only if debt will be secured. Briefly describe the collateral.

PROPERTY DESCRIPTION

NAMES AND ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (IF APPLICABLE)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

•By signing below, the undersigned, on behalf of the business entity named in this application (the "Customer"), accepts and agrees to the standard terms and conditions established by First National Bank of Omaha (the "Bank") for the various banking products and services that the Customer receives from the Bank. Depending on the products and services that the Customer receives, such terms and conditions include, but are not limited to, the Commercial Deposit Agreement, the Visa Business Check Card Agreement, and the First Business Credit Line Agreement.

•The undersigned, individually and on behalf of the Customer: (i) certifies that all of the information provided in this application is true and accurate, that this application sets forth a true and accurate statement of the financial condition of the Customer and that this application does not omit to state any information necessary to make the information set forth herein not misleading; and (ii) agrees that if any change occurs that materially impairs the Customer's financial condition or reduces the Customer's ability to pay all its obligations as they become due, the undersigned will immediately and without delay notify the Bank in writing. Unless the Bank is so notified, it may continue to rely upon the accuracy of this application.

•The Bank is hereby authorized to contact any source necessary to verify the credit responsibility of the Customer or any other information in this application. Any person, company, governmental agency (federal, state, or local), consumer reporting agency or other entity, is hereby authorized to furnish to the Bank any information it may have or obtain in response to inquiries from the Bank as to the Customer. All materials and information gathered by the Bank in connection with this application shall remain the property of the Bank whether or not this application is approved. The Bank is authorized to retain such information and materials whether or not credit is approved.

•The Bank has no obligation to approve this application or to make any loan, regardless of whether the Customer meets the normal standards the Bank uses when considering applications.

Applicant and the undersigned: (I) require that the Business EditionSM, Business Edition Plus[®], Commercial EditionSM Visa cards be issued in reliance on this application, and (II) agree to comply with the agreement furnished with the cards. The undersigned signs this application as a Primary Card member. The Bank may require additional Primary Card members to sign a guarantee. Applicant and each Primary Card member shall be jointly and severally liable for repayment of all amounts due on any and all accounts.

By signing below, you are also individually certifying that you are an Authorized Representative who is authorized to sign on behalf of and to obligate the Customer.

_____ SIGNATURE INITIAL HERE IF YOU ARE APPLYING FOR JOINT CREDIT:	_____ PRINTED NAME	_____ TITLE	_____ DATE
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_____ SIGNATURE INITIAL HERE IF YOU ARE APPLYING FOR JOINT CREDIT:	_____ PRINTED NAME	_____ TITLE	_____ DATE
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INFORMATION FOR GOVERNMENT MONITORING PURPOSES

This section to be completed only if one of the following scenarios applies to this loan: 1) Loan is secured by a dwelling and proceeds will be used for the purchase of a dwelling; 2) Proceeds of this loan will be used for the purpose of home improvement, regardless of collateral; or 3) This loan is secured by equity and will be used to refinance an existing equity secured loan product.

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish this information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race and sex on the basis of visual observation and surname. If you do not wish to furnish this information, please check below.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
RACE & NATIONAL ORIGIN (check all that apply): <input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	RACE & NATIONAL ORIGIN (check all that apply): <input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
TO BE COMPLETED BY INTERVIEWER	
METHOD OF APPLICATION <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Phone <input type="checkbox"/> Mail/Fax	This application was taken by : _____ Interviewer _____ Interviewer Phone Number
LIEN POSITION <input type="checkbox"/> First <input type="checkbox"/> Subordinate <input type="checkbox"/> Not secured by lien on dwelling <input type="checkbox"/> N/A (Purchased Loan)	PROPERTY TYPE <input type="checkbox"/> 1-4 family (not manufactured) <input type="checkbox"/> Manufactured housing <input type="checkbox"/> Multifamily dwelling
COMMENTS:	

FOR CREDITOR USE ONLY:

	Date	Time	By	Loan Amount \$	APR
Received				Account Number	
Decision				ACAPS ID Number	

APPROVED WITHDRAWN DECLINED FOR OTHER REASONS DECLINED (wholly / partially) AS A RESULT OF A CONSUMER CREDIT REPORT
 HOEPA Loan Not a HOEPA loan