



MODIFICATION

I. BORROWER PROFILE					
LEGAL BUSINESS NAME/LEGAL INDIVIDUAL NAME		DL#/STATE	DOB/YEAR EST	US CITIZEN/BUSINESS YES NO	PERMANENT RESIDENT ALIEN YES NO
STREET ADDRESS, CITY, STATE, ZIP				CORPORATION SOLE PROPRIETOR LLC YEAR & STATE EST:	GENERAL PARTNERSHIP LIMITED PARTNERSHIP OTHER: FYE:
MAILING ADDRESS, CITY, STATE, ZIP (IF DIFFERENT THAN ABOVE)					
CONTACT NAME	CONTACT NO.	EMAIL		TAX ID	

LEGAL BUSINESS NAME/LEGAL INDIVIDUAL NAME		DL#/STATE	DOB/YEAR EST	US CITIZEN/BUSINESS		PERMANENT RESIDENT ALIEN	
				YES	NO	YES	NO
STREET ADDRESS, CITY, STATE, ZIP				CORPORATION SOLE PROPRIETOR LLC		GENERAL PARTNERSHIP LIMITED PARTNERSHIP OTHER:	
MAILING ADDRESS, CITY, STATE, ZIP (IF DIFFERENT THAN ABOVE)							
		YEAR & STATE EST:				FYE:	
CONTACT NAME	CONTACT NO.	EMAIL		TAX ID			

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PRIMARY USE: <div> <div>COMMERCIAL</div> <div>AGRICULTURE</div> <div>OTHER</div> </div>				WHAT IS THE DETAILED PURPOSE FOR THE USE OF THE FUNDS?	
AMOUNT REQUESTED		MONTHS TO REPAY OR PAYMENTS REQUESTED		INCREASE THE EXISTING LINE/LOAN FROM \$ TO \$	
WHAT ASSETS DO YOU HAVE TO SECURE THE LOAN		WHO IS THE OWNER OF THE ASSETS?		WHAT ARE THE ASSETS WORTH?	

If applicant's total debt with Legend Bank is \$100,000 or less, financial information below may be completed in lieu of financial statement and 3 years tax returns.				
TOTAL ASSETS	TOTAL LIABILITIES	NET WORTH	GROSS REVENUE	NET INCOME

VI. OTHER INFORMATION

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|--|-----|----|
| 1. IS THE BORROWER/CO-BORROWER INVOLVED IN ANY CLAIM OR LAWSUIT? | YES | NO |
| 2. ARE THERE ANY TAXES NOT CURRENTLY PAID OR IN DISPUTE? | YES | NO |
| 3. IS THE BORROWER/CO-BORROWER LIABLE FOR ANY AMOUNTS VIA LEASES, GUARANTIES, COMMITMENTS, OR OTHER CONTINGENCY AGREEMENT? | YES | NO |
| 4. HAS THE BORROWER/CO-BORROWER EVER BEEN DECLARED BANKRUPT OR HAD A JUDGEMENT AGAINST IT? | YES | NO |
| 5. ARE ANY OF THE ASSETS OFFERED TO THE BANK CURRENTLY PLEDGED TO OTHER CREDITORS? | YES | NO |

IF YES TO ANY QUESTION, PLEASE EXPLAIN: _____

II. OWNERS/PRINCIPALS/GUARANTORS

LEGAL NAME	TITLE	STREET ADDRESS, CITY, STATE, ZIP		
	TAX ID	MAILING ADDRESS, CITY, STATE, ZIP (IF DIFFERENT THAN ABOVE)		
US CITIZEN/BUSINESS YES NO	PERMANENT RESIDENT ALIEN YES NO	DL#/STATE	EMAIL	PHONE# DOB/YEAR EST
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LEGAL NAME	TITLE	STREET ADDRESS, CITY, STATE, ZIP		
	TAX ID	MAILING ADDRESS, CITY, STATE, ZIP (IF DIFFERENT THAN ABOVE)		
US CITIZEN/BUSINESS YES NO	PERMANENT RESIDENT ALIEN YES NO	DL#/STATE	EMAIL	PHONE# DOB/YEAR EST

VII. DISCLOSURES AND CERTIFICATION

IF YOUR APPLICATION IS SECURED BY A FIRST LIEN ON A 1-4 FAMILY DWELLING: WE MAY ORDER AN APPRAISAL TO DETERMINE THE PROPERTY'S VALUE AND CHARGE YOU FOR THIS APPRAISAL, EVEN IF YOUR LOAN DOES NOT CLOSE. YOU CAN PAY FOR AN ADDITIONAL APPRAISAL FOR YOUR OWN USE AT YOUR OWN COST.

EQUAL CREDIT OPPORTUNITY 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 (PROVIDING THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT) BECAUSE ALL OR A 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: OFFICE OF THE COMPTROLLER OF CURRENCY, CONSUMER ASSISTANCE GROUP, 1301 MCKINNEY STREET SUITE 3450, HOUSTON, TX 77010-9050; PHONE (800)613-6743.

CREDIT DENIAL NOTICE: IF YOUR GROSS REVENUES IN THE PREVIOUS FISCAL YEAR WERE \$1,000,000.00 OR LESS AND IF YOUR APPLICATION IS DENIED, YOU HAVE THE RIGHT TO RECEIVE A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT PLEASE CONTACT: LEGEND BANK, CREDIT DEPARTMENT 101 W TARRANT ST, BOWIE, TEXAS 76230 WITHIN 60 DAYS FROM THE DATE THAT YOU WERE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST. FOR INFORMATION, CONTACT (800)873-5604.

THE UNDERSIGNED CERTIFIES THAT ALL STATEMENTS IN THIS APPLICATION AND ON EACH DOCUMENT REQUIRED TO BE SUBMITTED IN CONNECTION HEREWITH, INCLUDING FEDERAL INCOME TAX RETURNS, ARE TRUE, CORRECT, AND COMPLETE. THE UNDERSIGNED AUTHORIZES LEGEND BANK ("BANK") TO MAKE SUCH INQUIRES AND GATHER SUCH INFORMATION AS THE BANK DEEMS NECESSARY AND REASONABLE CONCERNING ANY INFORMATION PROVIDED TO THE BANK ON THIS APPLICATION OR ON ANY SUCH REQUIRED DOCUMENT, INCLUDING INQUIRES TO THE INTERNAL REVENUE SERVICE, AND ANY LOCAL CREDIT BUREAU REPORTING AGENCIES. THE UNDERSIGNED FURTHER AGREES TO NOTIFY THE BANK PROMPTLY OF ANY MATERIAL CHANGE IN ANY SUCH INFORMATION. YOU AGREE TO PROVIDE ADDITIONAL INFORMATION THAT WE MAY REQUIRE TO PROCESS THIS APPLICATION. YOU UNDERSTAND AND AGREE THAT YOUR FACSIMILE SIGNATURE IS THE SAME AS AN ORIGINAL SIGNATURE. YOU AGREE THAT WE MAY RETAIN THIS APPLICATION WHETHER OR NOT WE GRANT THE CREDIT REQUESTED. THE UNDERSIGNED AGREES THAT THE BANK MAY PROVIDE A COPY OF THIS APPLICATION TO ANY AFFILIATE OR SUBSIDIARY UNLESS INITIALED HERE _____.

VIII. BORROWER & CO-BORROWER SIGNATURES

Please indicate if you intend to apply individually or for joint credit by checking the appropriate box and signing below:

Applying Individually

Applying Jointly

_____ SIGNATURE	_____ NAME	_____ TITLE	_____ DATE
_____ SIGNATURE	_____ NAME	_____ TITLE	_____ DATE
_____ SIGNATURE	_____ NAME	_____ TITLE	_____ DATE

IX. OWNERS/PRINCIPALS/GUARANTORS SIGNATURES

Please indicate if you intend to dgeqo g'c'i wctcpvt"qt"eqpwtcewcmf"fkcdng"for joint credit by checking the Applying Jointly box cpf "lki plpi "dgnny O'

_____ SIGNATURE- APPLYING JOINTLY	_____ NAME	_____ TITLE	_____ DATE
_____ SIGNATURE-APPLYING JOINTLY	_____ NAME	_____ TITLE	_____ DATE
_____ SIGNATURE-APPLYING JOINTLY	_____ NAME	_____ TITLE	_____ DATE
_____ SIGNATURE-APPLYING JOINTLY	_____ NAME	_____ TITLE	_____ DATE
_____ SIGNATURE-APPLYING JOINTLY	_____ NAME	_____ TITLE	_____ DATE

X. BANK USE ONLY

APPLICATION TAKEN: IN PERSON PHONE FAX/EMAIL	OFFICER'S SIGNATURE	DATE APPLICATION TAKEN	NAICS CODE
REASON FOR DENIAL, COMMENTS OR COUNTEROFFER (DESCRIBE IN DETAIL):			
DATE ACTION TAKEN: : _____ APPROVED DECLINED COUNTEROFFER _____			

To assist the Bank in processing your application for new business credit, or a renewal/extension of your existing loan, please provide us with the information and all applicable supporting documentation indicated below. You will be notified verbally or in writing if any additional information is needed.

I. FINANCIAL INFORMATION FOR EACH BORROWER, CO-BORROWER AND GUARANTOR

COMPLETE APPLICATION	CURRENT PERSONAL FINANCIAL STATEMENT
COPY OF DRIVER'S LICENSE	CURRENT (LAST 90 DAYS) BALANCE SHEET / INCOME STATEMENT
FULL TAX RETURNS WITH W-2 FOR LAST 3 YEARS	BUDGET OR CASH FLOW PROJECTIONS FOR 1 YEAR
YEAR END BUSINESS FINANCIAL STATEMENTS FOR LAST 3 YEARS WITH CONTINGENT LIABILITIES AND DEBT DETAIL	

II. COLLATERAL INFORMATION (AS APPLICABLE TO PLEDGED ASSETS)

AGED ACCOUNTS RECEIVABLE LISTING	PURCHASE ORDER, INVOICE OR CONTRACT OF COLLATERAL
EQUIPMENT LISTING DESCRIPTIONS INCLUDING SERIAL NO.	COPY OF LEASE OR WARRANTY DEED
INVENTORY LISTING DESCRIPTIONS INCLUDING SERIAL NO.	LIVESTOCK LISTING
NOTES RECEIVABLE LISTING (INCLUDING TERMS)	PROOF OF INSURANCE
RENT ROLL	OTHER AS REQUIRED BY LENDER:
OTHER AS REQUIRED BY LENDER:	OTHER AS REQUIRED BY LENDER:

III. ENTITY INFORMATION

CORPORATION (INC, PA, PC)		LIMITED LIABILITY COMPANY		NON-PROFIT ORGANIZATION	
CERT. OF INCORPORATION / ARTICLES / FORMATION		ART. OF ORGANIZATION / CERT. OF FORMATION		CHARTER	
CERTIFICATE OF FILING		REGULATIONS OR COMPANY AGREEMENT		BY LAWS OR CONSTITUTION	
BY LAWS		ASSUMED NAME CERTIFICATE		MEETING MINUTES IDENTIFY SIGNERS	
ASSUMED NAME CERTIFICATE		EIN OR SSN		EIN	
EIN					
GENERAL PARTNERSHIP		LIMITED PARTNERSHIP (LP, LTD)		LIMITED LIABILITY PARTNERSHIP	
PARTNERSHIP AGREEMENT		LIMITED PARTNERSHIP AGREEMENT		LIMITED PARTNERSHIP AGREEMENT	
ASSUMED NAME CERTIFICATE		CERTIFICATE OF PARTNERSHIP OR FORMATION		CERTIFICATE OF PARTNERSHIP OR FORMATION	
EIN		EIN		EIN	
ENTITY DOCUMENTATION FOR ANY PARTNER THAT IS NOT AN INDIVIDUAL		ENTITY DOCUMENTATION FOR ANY PARTNER THAT IS NOT AN INDIVIDUAL		ENTITY DOCUMENTATION FOR ANY PARTNER THAT IS NOT AN INDIVIDUAL	
MUNICIPALITY		MUNICIPALITY			
CHARTER		ASSUMED NAME CERTIFICATE			
RESOLUTION OF ORDINANCE					