



**NORTH  
SHORE  
BANK**

*The Bank of You*

**SMALL  
BUSINESS  
LOAN  
APPLICATION  
(for loans up to \$100,000)**

North Shore Bank strives to make lending quick and easy for our Small Business customers. There are two ways you can apply, simply decide which is best for you.

North Shore Bank strives to make obtaining a loan quick and easy for its Small Business customers.

What's more, you'll typically receive an answer to your request within a day or two.

There are two ways you can apply, simply decide which works best for you.

1. **Do it yourself** - Follow the enclosed instructions for your small business loan and complete the application. Then just mail it in or drop it at a nearby branch. You may choose to consult your accountant or financial advisor for assistance.
2. **We do it all** - That's what The Bank of You is all about. If you prefer, just call or stop by any one of our neighborhood branches to make an appointment with a North Shore Bank Business Relationship Manager who is happy to discuss your needs and complete the loan request with you.

With North Shore Bank as a partner, you have someone you can count on to help grow your business. The Bank of You is about giving you real resources to help your confidently manage your money so you can reach the goals you've set for your business. It's your life to live, your business to run. We simply serve as your personal advisors who are there to help and guide you every step of the way.

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## Credit Application

Loan Type: Credit Line \$ \_\_\_\_\_ Term Loan \$ \_\_\_\_\_ Lease \$ \_\_\_\_\_

Description of Borrowing Purpose: \_\_\_\_\_

### Owners & Officers, Members or Partners (20% or above ownership):

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Financial Institution \_\_\_\_\_ How Long? \_\_\_\_\_

Accountant Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Attorney Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Business Information (Sole proprietors list individual's name and DBA if any)

Legal Business Name \_\_\_\_\_ Primary Contact: \_\_\_\_\_

(The "Undersigned")

C Corp  S Corp  LLC  LLP  General Partnership  Limited Partnership  Sole Proprietorship

State of Incorporation/  
Organization: \_\_\_\_\_ Tax ID  
Number: \_\_\_\_\_ Date Business  
Established: \_\_\_\_\_ Business  
Phone: \_\_\_\_\_

Primary Business Address: \_\_\_\_\_ FAX: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

### Regulation B – Fair Credit Disclosure –

(Signatures required for all persons who are applying as sole proprietors or guarantors)

**The undersigned intend to apply for joint credit under this Small Business Loan.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print Name) \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print Name) \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print Name) \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print Name) \_\_\_\_\_

**Equity Locator** (use to determine the equity available in your assets)

**Commercial Real Estate**

Property Address:		
Fair market value of existing property (attach copy of tax bill)	1	\$
Multiply line 1 by 75%	2	\$
Balance of any existing mortgages on the property	3	\$
Name of existing mortgage holder:		
Subtract line 3 from line 2 to determine equity available	4	\$

**Residential Real Estate**

Property Address:		
Fair market value of existing property (attach copy of tax bill)	5	\$
Multiply line 1 by 80%	6	\$
Balance of any existing mortgages on the property	7	\$
Name of existing mortgage holder:		
Subtract line 7 from line 6 to determine equity available	8	\$

**Existing Business Assets (subject to on-site verification and evaluation)**

Description of Asset (Equipment, Furniture, Fixtures)		Fair Market Value
	9	\$
	10	\$
	11	\$
Gross Equity (add lines 9-11)	12	\$
Multiply line 12 by 25%	13	\$
Balance of any existing loans on equipment, furniture or fixtures	14	\$
Name of Lender:		
Subtract line 14 from line 13 to determine equity available	15	\$

**Certificate of Deposit at North Shore Bank (only)**

Account Number		Amount
	16	\$
	17	\$
Total of all Certificates of Deposit. (add lines 16-17)	18	\$

**Motor Vehicle(s) (Not used on Lines of Credit)**

Description of Vehicle(s) (Year, Make, Model)		Purchase Price or Current Value
1. _____		
Serial Number: _____		
Current value or purchase price (attach sales contract if applicable):	19	\$
2. _____		
Serial Number: _____		
Current value or purchase price (attach sales contract if applicable):	20	\$
3. _____		
Serial Number: _____		
Current value or purchase price (attach sales contract if applicable):	21	\$
Gross Equity (add lines 19-21)	22	\$
Amount you are eligible to borrow (line 22 x 80%)	23	\$

**Equipment Purchase (Not used on Lines of Credit)**

Description of Equipment:		Purchase Price or Current Value
_____		
_____		
Total value of USED equipment	24	\$
If used, amount you are eligible to borrow (line 24 x 50%)	25	\$
Purchase price of NEW equipment (attach purchase order)	26	\$
If new, amount you are eligible to borrow (line 26 x 75%)	27	\$

**Total of your Assets available for collateral** (add 4,8,15,18,23,25,27) \$ \_\_\_\_\_

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## Financial Documents Needed

Bank's review of this credit application is contingent upon your delivery of the following information and documents:

- Personal financial statement of any person with 20% or more ownership
- Copies of last two years complete personal tax returns with schedules of any owner(s) **OR**
- Copy of last two years complete business tax return with schedules
- Copy of Tax Bill or Appraisal for Real Estate being pledged as collateral
- Copy of insurance policy for assets being pledged
- Loan Fees
  - o \$300.00 for a Term Loan
  - o \$350.00 for a Credit Line (includes the initial \$50.00 annual fee)
  - o \$50.00 for a Vehicle or CD Term Loan

In addition to the above listed documents, startup businesses should also submit two years of annual projections and a current business plan.

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## Certification of the Undersigned (for all persons with 20% or more ownership)

I/we represent and warrant that the credit applied for herein will be used primarily (50% or more) for business or commercial purposes and the credit applied for will not be used primarily for personal, family or household purposes. I/we hereby further warrant and represent that the financial documents delivered pursuant to the above section were prepared in accordance with generally accepted principles of accounting consistently applied throughout the relevant time periods, where applicable, and that all documents are correct and complete as of today. I/we further warrant that the Undersigned (as defined below) is legally organized, validly existing and in good standing under the Laws of the State of its incorporation or organization and is duly qualified to do business and is in good standing in every jurisdiction in which its business requires such qualification. The Undersigned further certifies that all the statements in this Credit Application are true, correct and complete as of today. The Undersigned acknowledges that this is an application only and under no circumstances does Bank have any obligation to commit to or fund a loan. The Undersigned authorizes Bank to make any necessary and reasonable inquiries regarding the information requested, to obtain credit information on any of the above listed individuals, and also acknowledges that all supporting information included in this application will remain the property of Bank and will not be returned to you. Although we believe our decision may be made with the above information, additional documentation may be requested of you. All costs associated with the processing of the Credit Application will be charged to you (pending approval of your Credit Application). These costs include, but are not limited to, credit reports and property searches, appraisals, recording fees, and documentation fees. **The Undersigned further understands that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as provided under Title 18, United States Code, Section 1014**

The Undersigned:

Signed \_\_\_\_\_ Date \_\_\_\_\_  
By: \_\_\_\_\_ Its: Officer/Partner/Member/Manager/Owner (circle one)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
By: \_\_\_\_\_ Its: Officer/Partner/Member/Manager/Owner (circle one)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
By: \_\_\_\_\_ Its: Officer/Partner/Member/Manager/Owner (circle one)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
By: \_\_\_\_\_ Its: Officer/Partner/Member/Manager/Owner (circle one)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
By: \_\_\_\_\_ Its: Officer/Partner/Member/Manager/Owner (circle one)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
By: \_\_\_\_\_ Its: Officer/Partner/Member/Manager/Owner (circle one)

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# Agreement to Provide Insurance

As part of the Loan Requirements, the undersigned agrees to do the following:

1. Insure any collateral used as Security for the Loan
2. To name the Bank as **Loss Payee or Mortgagee** on any insurance policy obtained by the Undersigned
3. Arrange for the insurance company to notify the Bank that the policy is in effect and has been noted
4. Pay for this insurance including any fee for the endorsement
5. Keep the insurance in effect until the Loan is no longer subject to a security interest in the collateral

The Property subject to this Agreement is described as follows:

I agree to insure this Property according to the described risks, amount of coverage, and maximum deductible required as designated by bank from time to time depending on the type of collateral subject to the Security Interest noted above.

By signing below, the undersigned, agrees to the terms contained in this Agreement and acknowledges receipt of a copy of this Agreement.

**The undersigned requests any insurance company and any agency to provide appropriate coverage and to list Bank on the policy as indicated above. The Undersigned also requests the insurance company or its authorized agent to immediately confirm that the policy is in effect by forwarding a copy of the Declaration Page of the policy to the Bank.**

**The Undersigned:**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
By: \_\_\_\_\_ Its: Officer/Partner/Member/Manager/Owner (circle one)



**Schedule A – Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit**

Type	Name of Financial Institution	Amount	In Name Of:	PLEGGED YES NO	

**Schedule B – U.S. Government, Listed & Unlisted Securities (List on separate sheet if necessary)**

No. of Shares or Face Value (Of Bonds)	Description*	Owner	Market Value	PLEGGED YES NO	

\*Indicates if Securities are Restricted By Contract or SEC Regulations.

**Schedule C – Life Insurance Carried, Include Group**

Face Amount	Name of Company	Owner	Beneficiary	CASH SURRENDER Value Loans	

**Schedule D – Real Estate Owned**

Address & Type of Property	Date Acquired	Owner	Cost	Mkt. Value	MORTGAGE		Insurance
					Amount Monthly \$	Maturity	

**Schedule E – Names of Banks or Other Lenders Where Credit Has Been Obtained**

Name & Address of Lender	Borrower	Date Made	Monthly Payment	Due	High Credit	Current Balance	Sec. or
							Unsec.

**Schedule F – Notes and Loans Receivable**

Unpaid Amount	Name of Maker	Date Made	Security Pledged

**NOTICE:** We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I certify that this financial statement is true and complete. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender, to the extent not prohibited by applicable law. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement. **Lender may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct Lender at the address above that such information is unrelated to my transactions or experiences with Lender, and may not be shared by Lender with its affiliates, (2) the information constitutes “medical information” as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a “consumer report” under applicable federal law.**

It may be a crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.

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

**X** \_\_\_\_\_  
Applicant Signature

**X** \_\_\_\_\_  
Joint Applicant Spouse Signature (joint credit only)

For married Wisconsin resident. I understand Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

**X** \_\_\_\_\_  
Applicant Signature

**Request for Taxpayer  
Identification Number and Certification**

**Give form to the requester. Do not send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

**Limited liability company (LLC).** Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

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## EXHIBIT - C

### NORTH SHORE BANK LINE OF CREDIT ("LOC") BUSINESS CHECKING ACCOUNT RULES

The LOC account ("LOC ACCOUNT") which you are establishing with North Shore Bank, FSB ("Bank") is subject to the following rules, as may be amended from time to time:

All checks used as payment will be handled by Bank as agent for you subject to chargeback or refund if for any reason final payment of the check is not received in a form acceptable to Bank. If a claim is made with respect to any check after final payment has been made on the grounds that the check was altered or bore a forged or unauthorized endorsement or was otherwise not properly payable, Bank may withhold the amount of the check to your LOC ACCOUNT until final determination of the claim has been made.

You agree to use the forms approved by Bank. Bank reserves the right to return unpaid any other form of check or any check incompletely or defectively drawn.

You are subject to certain charges in connection with your LOC ACCOUNT. An outline and schedule of Bank charges involving the LOC Checking Account are listed below:

**Schedule of Special Charges:**

Charge for each overdraft or each check returned for any reason	\$31.00
For duplicated copy of canceled check	\$5.00
Charge for "Stop Payment" order	\$31.00
Charge of each check written under the required draw amount	\$31.00

These charges may be changed from time to time by Bank, and Bank agrees to provide you with a revised schedule of charges if any change is made.

Upon receipt of a written request from you and at your risk, Bank will, without responsibility on its part so far as it may lawfully limit its liability, accept a stop payment order for any check payable from your LOC Account. Bank may, but is not required to, accept an oral stop payment order. A stop payment order takes effect when Bank enters the stop payment information on your account. **A written stop payment order is effective for only 6 months unless renewed in writing. An oral order accepted by Bank is effective for only 14 days unless confirmed in writing within that period.** A stop payment order covers only the particular check originally identified and does not include any additional checks which may be presented for payment. A stop payment order must include your LOC ACCOUNT number, the number and date of the check payable, the name of the payee and the exact amount of the check. Absolute accuracy of the check number and the amount of the check is required to identify the check and to act on the order. Bank will charge your LOC ACCOUNT for a stop payment order in accordance with its then current schedule of charges. Bank will accept a stop payment order from any of the parties whose signature is on your LOC ACCOUNT signature card.

Bank also reserves the right, at its sole discretion, to discontinue or limit the practice of allowing withdrawals by check, and to terminate the account relationship at any time upon notice to you, in accordance with the terms of your Line of Credit Agreement.

Since Bank has no way of determining the validity of checks bearing facsimile signatures, it will not be liable for unauthorized use of any facsimile signature thereof.

It shall be your duty when writing a post-dated check (a check dated in the future) to notify Bank, in writing, giving a complete description of the check, including the name of the payee, the date, the number and the amount of the check. Otherwise, Bank shall not be liable for prematurely paying the check. Because handling a post-dated check means extra work for Bank, Bank may charge your LOC ACCOUNT a service in accordance with its current schedule of charges on effect at the time written notice of the post-dated check is given to Bank.

In the event Bank elects not to, or fails to, exercise any of its rights under these rules or incorporated into these rules by reference, such nonexercise shall not prejudice its ability to exercise such rights at any other time nor shall such nonexercise constitute a waiver of any of its rights.

The execution of a signature card by you upon the opening of your LOC ACCOUNT shall constitute an acceptance of the rules and all future amendments to the rules.

These rules governed by the laws of Wisconsin.

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**EXHIBIT B (Continued)**

**Business Line of Credit Signature Card**

I/WE ALSO ACKNOWLEDGE BY OUR SIGNATURE BELOW THAT WE HAVE RECEIVED THE BUSINESS LINE OF CREDIT CHECKING ACCOUNT RULES AND AUTHORIZE NORTH SHORE BANK TO HONOR CHECKS PRESENTED FOR PAYMENT WITH ANY OF THE ABOVE SIGNATURES UNLESS OTHERWISE NOTED.

Acct. No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Borrower Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Borrower Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Borrower Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Borrower Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
Work Home

**Loan Servicing Copy**

**EXHIBIT D**

**NEW AUTOMATIC TRANSFER  
SMALL BUSINESS LOANS**

Name (Print) \_\_\_\_\_ Name Print) \_\_\_\_\_  
Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_  
Day Time Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Branch Employee \_\_\_\_\_ Branch Number \_\_\_\_\_

**Attention Branch Employee:** Please give the customer a copy of this completed form, which includes the auto transfer with signature **AND** the regulations. Interoffice **OR** fax this form to the ACH department. **DO NOT** do both as this may lead to a double set-up.

I hereby authorize North Shore Bank, and its' successors, assigns, authorized agents, or any entity servicing my account to initiate payments as disclosed in my loan documents, and continue monthly thereafter.

**I have allowed 10 business days for the set up of my automatic transfer.**

**TRANSFER FROM:** (must be a North Shore Bank account)

Savings # \_\_\_\_\_

Checking # \_\_\_\_\_

**TRANSFER TO:** (must be a North Shore Bank business loan)

Business Line of Credit # \_\_\_\_\_ (To be completed by the bank)

Business Term Loan # \_\_\_\_\_ (To be completed by the bank)

This authorization is to remain in full force and effect until North Shore Bank has received written notification from the customer of its termination. North Shore Bank requires ten business days for any changes or termination requests. North Shore Bank may terminate this agreement at any time with written notice to the customer. I HAVE RECEIVED A COPY OF THIS FORM AND HAVE READ THE RULES AND REGULATIONS BELOW.

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

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

**RULES AND REGULATIONS FOR YOUR AUTOMATIC TRANSFER**

- 1) Your automatic transfer will attempt to post anytime after midnight the morning of scheduled payment date.
- 2) If the day/date of your payment is a legal holiday or a Sunday, the transfer will attempt to post the business day prior to the scheduled payment date. Transfers will post on Saturdays. Please have funds available by the end of the day prior to the transfer attempt.
- 3) If your donor account has non-sufficient funds, you will be charged the current non-sufficient funds fee. North Shore Bank will not re-attempt to make the transfer until the following month's regular set date. If the attempted loan payment does not process, it is your responsibility to bring the loan current, including any late charges.
- 4) In the event of a pay-off or refinance, you will be responsible for canceling the current automatic transfer payment. Contact Customer Assistance at (877) 672-2265 for assistance in the cancellation of the automatic payment.
- 5) A HELOC payment may not be made on the 1<sup>st</sup> of the month.

For Internal Use Only	
Credit Line account number: _____	1 <sup>st</sup> payment date: _____
Fixed loan account number: _____	1 <sup>st</sup> payment date: _____
_____	
TMS Number _____	Date TMS was set up _____
<input type="checkbox"/> File Maintenance Done	
<input type="checkbox"/> Source Added	Insurance: Yes _____ No _____
	Initials _____