



AMERASIA BANK
紐約第一銀行

41-06 MAIN STREET, FLUSHING, NEW YORK 11355
Tel: (718)463-3600, FAX: (718)359-8291, www.AmerasiaBankNY.com

Business Loan Application Package

Application Form
Personal Financial Statement
Corporate Resume
Notice of New York Fair Credit Reporting Act
Certification of Tax Return
Request for Transcript of Tax Return
Privacy Statement
USA Patriot Act Notice
Notice of Right to Request Specific Reasons for Business Credit Denial

Kindly complete and submit your application along with the documents listed below.
請您完成申請表 並附上以下文件

- Personal Income Tax Returns** including all schedules for the past three years
過去三年個人報稅單整份
- Corporate Income Tax Returns** including all schedules for the past three years
過去三年公司報稅單整份
- Personal Financial Statement** (form enclosed)
個人財務報表(內附報表)
- Business Operating Statement** for the past three years
過去三年公司營業報表
- Monthly Income/Expense Statement** pertaining to your business or property
(i.e. Rent Roll) 每個月房屋或公司營業收入支出報表 例如租金
- Copy of Personal/Business Bank Statements** for the last three months
過去三個月個人及公司銀行月報表
- Statement of Accounts Receivable, Accounts Payable, and/or Inventory Report**
應收帳款 應付帳款 庫存報表
- Copy of: () **Corporate Documents (i.e. Certificate of Incorporation, Filing Receipt, SS4 Form Tax ID, Articles of Organization, Operating Agreement, Proof of Publication, By-Laws**
() **Personal ID (Passport or Greencard/I-94 Form, SSN Card, Driver's License)**
公司成立文件
個人身分證明 護照 駕照 社會安卡
- Application Fee:** 申請費
 - For Loan Amounts \leq \$150,000 : Fee = **\$500.00**
 - For Loan Amounts $>$ \$150,000 : Fee = **\$850.00**
- Other: _____

Please submit any information you have available first in order for us to expedite the processing of your application. In the meantime, please do not hesitate to call us if you have any questions regarding your application. Thank you for your cooperation and considering Amerasia Bank for your financing needs.

請您盡快寄出已有資料讓銀行盡快參考及分析 同時您若有任何問題請隨時與我們聯繫 謝謝您



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BUSINESS LOAN APPLICATION

Borrower's Name: _____ Tax ID: _____

Type of Business: Corporation Partnership Proprietorship Other: _____

Address: _____

Length of Lease: _____ Expiration Date: _____ Rental Per Month: \$ _____

Date Incorporated: _____ Where Incorporated: _____

Phone No. _____ Fax No. _____ Cellular/Beeper No. _____

(please attach a copy of your Certificate of Incorporation and Filing Receipt)

The undersigned hereby applies for a loan: Amount: \$ _____ Term: _____ Purpose: _____ Source of Repayment: _____
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Principals (Officers)	Position/Title	Amount/Shares	Social Security

Business Bank Accounts:

Name of Bank	Address	Telephone No.	Account No.

Indebtedness: (please list all outstanding debts - attach additional sheet if necessary)

Customer's Name	Address	Date Borrowed	Original Amount	Present Balance	Monthly Payments
1.					
2.					
3.					
4.					
5.					

List the company's three largest customers, credit terms provided and the percentage of annual sales to each.

Customer's Name	Address	Contact	Telephone No.	Credit Terms	% of Sales

List the company's three largest suppliers, credit terms provided and credit limits from each.

Supplier's Name	Address	Contact	Telephone No.	Credit Terms	Credit Limit

Insurance Broker: _____ Contact: _____ Tel No.: _____
 Accountant: _____ Contact: _____ Tel No.: _____
 Landlord: _____ Contact: _____ Tel No.: _____

CORPORATE RESUME OF

Applicant _____

Please check

- Corporation S-Corp. Limited Liability Company
 Partnership Other

Incorporation/ Organization in the state of New York and in the year of _____

(Please provide copy of Certificate of Incorporation or Article of Organization and Filing Receipt.)

Shareholder Managing Member Member General Partner Partner _____

Name: _____ % of Interest _____ Phone _____

Address: _____ Cell # _____

Occupation/ Business _____ SS # _____

Shareholder Managing Member Member General Partner Partner _____

Name: _____ % of Interest _____ Phone _____

Address: _____ Cell # _____

Occupation/ Business _____ SS # _____

Shareholder Managing Member Member General Partner Partner _____

Name: _____ % of Interest _____ Phone _____

Address: _____ Cell # _____

Occupation/ Business _____ SS # _____

Shareholder Managing Member Member General Partner Partner _____

Name: _____ % of Interest _____ Phone _____

Address: _____ Cell # _____

Occupation/ Business _____ SS # _____

Schedule E - Life Insurance

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Value

Are you covered by disability insurance? No Yes - Amount: \$

Schedule F - Real Estate and Mortgages

Address & Type of Property	Title in Name of	Percent of Ownership	Gross Annual Income	Cost	Estimated Market Value	Balance of Mortgage	Mortgage Held by

INCOME AND EXPENSE STATEMENT

Estimated Current Annual Income		Estimated Current Annual Expenses	
Salary		Income Tax	
Bonuses and Commissions		Co-op/ Condo Maintenance/Rent	
Dividend Income		Loans: Mortgage	
Interest Income		Auto	
Rental Income (please provide copy of leases)		Personal/Student	
Cash Income From Others Investment		Insurance: Auto	
Realized Capital Gains		Medical	
Maintenance		Property	
Other Income (itemized)		Life	
		Utilities (telephone, electric, etc)	
		Real Estate Tax	
		Other expense	
Total Income	\$	Total Expense	\$

PERSONAL INFORMATION

	Applicant	Co-Applicant
Name		
Home Address (Include zip code)		
Home & Cell Phone Number		
No. of Dependents (include names)		
Date of Birth		
Citizenship		
Education		
Employer		
Business Address		
Business Telephone Number		
Previous Employer (if less than 5 years with present employer)		

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I/We understand that misrepresenting information on this statement is a criminal offense under federal law, punishable by a fine and or imprisonment. Each of the undersigned will notify you in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice, you may consider this a continuing statement and substantially correct. You are authorized to contact any appropriate third party for the purpose of verifying the accuracy of the information contained herein. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date: _____
Applicant _____

Date: _____
Co-Applicant _____

NOTICE PURSUANT TO THE
NEW YORK FAIR CREDIT REPORTING ACT

I/We authorize Amerasia Bank to make whatever credit inquires it deems necessary in connection with the credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to Amerasia Bank any information it may have or obtain in response to such credit inquires and agree that the same shall remain in your property whether or not credit is extended. If the bank obtains credit reports in connection with this application, I/we will, upon request, be informed of that fact and of each bureau's name and address.

I/We hereby acknowledge that we have received a copy of this notice.

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

CERTIFICATION OF FEDERAL AND/OR STATE INCOME TAX RETURN

To: Amerasia Bank
 41-06 Main Street
 Flushing, New York 11355

Tax Return for Tax Year _____
 (Check Appropriate Box Below)
 FEDERAL _____
 STATE OF _____

For the purpose of procuring and establishing credit from time to time with **AMERASIA BANK**, each of the undersigned furnishes the information contained on the attached income Tax Return(s), including all schedules, and other attachments, if any, and represents that it is a true, correct and accurate copy of the return filed with the respective taxing agency. The undersigned have furnished the information in order to become indebted to the BANK on notes, endorsements, guarantees, overdrafts or otherwise.

The undersigned agree to notify the BANK immediately in the event the tax return is audited in the respective taxing agency and the return is determined by the agency to be materially in error. (Materially in error is defined as (1) any adjustment of income in excess of \$5,000.00 or (2) any adjustment of tax liability in excess of \$1,000.00)

The undersigned hereby waive pleading of statute of limitations as a defense of the undersigned as to the validity of the information contained on the tax return as attached hereto.

Have your tax returns ever been audited? Yes No

If yes, state tax year and result of each audit. (Attach an extra sheet if more space is required.)

Result:	Result:
Result:	Result:

_____, 20____
Date Signed

Taxpayer's Signature

Taxpayer's Signature

Taxpayer's Signature

Taxpayer's Signature

THE FEDERAL EQUAL OPPORTUNITY PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF SEX OR MARITAL STATUS. THE FEDERAL AGENCY WHICH ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS BANK IS THE COMPTROLLER OF THE CURRENCY.

Request for Transcript of Tax Return

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury
Internal Revenue Service

► **Request may be rejected if the form is incomplete or illegible.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
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3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

4 Previous address shown on the last return filed if different from line 3 (See instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here		Date	
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
		Date	
Spouse's signature			

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:

Mail or fax to the "Internal Revenue Service" at:

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
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Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102
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Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to the "Internal Revenue Service" at:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
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Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering 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 are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

PRIVACY STATEMENT

At Amerasia Bank, we know how important personal privacy is to you. We recognize that you expect privacy and security for your personal and financial affairs. We understand the need to safeguard our sensitive information about you that you have entrusted to us within our institution. We maintain standards and procedures designed to prevent misuse of this information.

Information We Collect

We collect nonpublic information about you from some or all the following sources:

- * Information we receive from you on applications or other forms;
- * Information about your transactions with us, our affiliates, or others; and
- * Information we receive from a consumer reporting agency.

Information Disclose

We do not disclose any nonpublic personal information about you to anyone, except as permitted by law.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Other Security Measures

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

USA PATRIOT ACT NOTICE

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/We hereby acknowledge that we have received a copy of this statement and notice

Applicant _____ Co-Applicant _____ Date _____

RIGHT TO REQUEST SPECIFIC REASONS FOR BUSINESS CREDIT DENIAL

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please call the loan department at (718) 463-3600 and ask for the credit administrator within 60 days from the date you are notified of our decision. We will send you a written statement of reason for denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit application on the basis of race, color, religion, national origin, sexual orientation, military status, 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 this law concerning Amerasia Bank is

**Federal Deposit Insurance Corporation
Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
Phone: (877) 275-3342**