

To Apply for a Business FirstTermSM Loan or Business FirstLine[®] of Credit

Thank you for your interest in applying for a Business FirstTerm Loan or Business FirstLine of Credit.

Please complete the fillable PDF form application on the next page.

Note: Information about all owners or shareholders with a 20% or greater ownership in the business must be provided. This information can be provided on additional pages, but must be submitted with your application.

Once completed, please print, sign, and submit your application to us in one of the two following ways:

By Mail: First Hawaiian Bank Attn: Consumer Credit Center P.O. Box 2400 Honolulu, HI 96804-9979 In Person: Take your completed application to any First Hawaiian Bank branch. To locate a branch near you, visit https://locations.fhb.com

Depending on the nature of your request, we may require you to provide photocopies of supporting documents such as the following:

- Financial Information: Last two years' federal tax returns (including all schedules), personal financial statements from the business's owners/guarantors, and/or business financial records (including all schedules and an interim statement).
- Business Formation Documents: Articles of Incorporation, Articles of Organization, Operating Agreements, LLC/LLP/Partnership Agreements, By-Laws, and/or Corporate Resolutions
- For Guam/CNMI businesses: Current business license

(Application follows on the next page)

First Hawaiian Bank.

Business Credit Application and Agreement

Please print clearly with black or blue pen. All fields are required unless otherwise indicated.

Application for (Select all that apply)	lf you are applying for	a loan/line amount of \$10,000 c	or more, additional information may be	e required.
---	-------------------------	----------------------------------	--	-------------

□ Business FirstTerm [™] Loa	n (Loans of \$2,500 - \$75,000 only)	Business Firstl
Loan Purpose	Loan Term	(Lines of \$5,000 - \$
Loan Amount Requested	□ 1 Year (12 mo.) □ 2 Years (24 m □ 3 Years (36 mo.) □ 4 Years (48 m	¢.
\$	5 Years (60 mo.)	

\$75,000 only) ested

(Coverage is available up to \$10,000.) FHB Checking Account #:

Tell Us About Your Business

A A A A							La transmission d					10 (0)		
Business Legal Name					Federal Tax ID Number				Census Tract (Guam/CNMI only)					
Gross Annual Revenue*	Years in Bu	cinocc	# of Em	nlovoor	Legal Structure (Check one):	C Corn	aration Colo	Proprie	intorchin					
01033 MILIOUI REVENUE	16013 111 00.	311033	17 OF EII	pioyees	togui sinociolo (chock ono).		Corporation Sole Proprietorship General Partnership Other				*NOTE: Personal tax returns and/or business financial records may be requested.			
Street Address (Street, City, State, Zip	Code; NO P.(O. BOX, WE ARE R	REQUIRED TO	OBTAIN Y	YOUR PHYSICAL ADDRESS)		Occupancy Status		Billing Address (Street,	City, State, Zip Co	ode; if d	lifferent from stree	et address)	
							🗅 Own 🗅 Lease 🗅 O)ther						
							Occupancy Duration (Years)	-	-					
							,, (,							
					(r:					T			/ <u>(</u> , , , , , , , , , , , , , , , , , , ,	.)
Business Phone				LOUNTRY OF	f Formation		Business Industry (Agriculture, Construction, Services, etc.)			Type of Business, Describe (Contracting, Restaurant, etc.)				
()														
Business Checking Institution							Current Checking Account B	alance	e		Total Existing Monthly Loan Payments			
							S			Ş	Ş			
Tell Us About Yourself														
Name (First, Middle, Last)							% Ownership	Social Security Number				Date Of Birth		Cell Phone
											(()	
Street Address (Street, City, State, Zip	Code)								Own Monthly Rent/Mortgage Page			t Do you have the responsibility to control, Work Phone		
								Rent \$				manage, or direct business? (())		()
You Must Be One Of The Following (che	eck one):	SOLE PROPIETORS	HIP Are you	10115.0	Titizen? 🖸 Yes 📮 No		Are vou a Permanent	Years	s You Have	Gross Monthly Inco			* NOTE: Alimony, child su	noort or maintenance
President Partner Ow		ONLY:			ntry of Citizenship:		Resident Alien? Been An Owner/Employed		income need not be revealed if you do not wish to have					
					····, ·· ······		Yes No				it considered as a basis for repaying this obligation. Are you a spouse to any of the principal signers of			
Personal Deposits		Keal E	state Value			Other Assets	Email Address (Optional)			the company?				
۵ الم				Ş				🖵 Yes 🗖 No						
Please Sign Below (Please review additional terms and conditions on back panel.)														
The person signing this Application to receive all communications fro													ned on this Application	1, (ii) s/he is authorized
By signing below, the Business and the							•						utharizas Eirst Hausaijan P	ank ("Pank") both new and
in the future, to obtain consumer cred														
to both his/her and the Business's fir	nancial condi	itions, and to prov	, vide credit bu	ireaus an	d others with information about	the Bank's experience	e with him/her and the Busin	ness. 1	The person signing this	Application and th	ne Busin	ess acknowledge t	that if additional informat	tion becomes available which
would have influenced the Bank's deci														
conditions of any applicable agreemen The person signing this Application und														
					, ,			,	poor, and borrower			no manadar signi	ng bolon, in soar poison	s manabar capacity.
IMPORTANT INFORMATION A To help the government fight the fu						institutions to obtain.	verify, and record information	that i	identifies each person or	business entity th	nat open	is an account. Wh	at this means to you:	When you open an account.
To help the government fight the funding of terrorism and money laundering activities, Federal law requites all financial institutions to obtain, verify, and record information that identifies each person or business entity that opens an account. What this means to you: When you open an account, we will ask for your name, address, federal taxpayer identification number, date of birth (if applicable), and other information that will allow us to identify you.														
X Initial Here (to acknowledge personal liability on the account as described above)														
v														
Signed individually and on be	half of the	o Rucinocc					Print Name						1)ate
Signed individually and on be		00311622					I IIII NUIIIE						L	Jule
Commercial Loan Appraisal Notice														
Notice of Right to Receive Copy of Appraisal Report. If the loan or line of credit you are applying for will be secured by a first lien on a dwelling, we may order an appraisal to determine your property's value in connection with your														
application for credit, and charge you for the appraisal. We will promptly give you a copy of any appraisal, even if your application is denied or withdrawn. You will have a minimum of three business days to review your appraisal before you sign your credit documents. You can pay for an additional appraisal for your own use at your own cost.														

Bank	New Account N	lumber			Close And Convert #					
Use Only	Approved	🔲 Yes 🔲 No	Approved Credit Limit \$	Approved By	Employee Number	Branch Number	Date			