

Applicant, please note: if you are married or a registered domestic partner and live in a community property state such as California, all questions related to your spouse or registered domestic partner must be answered, even if this is an application for credit in your name only.

I understand I may apply for this credit in my name alone, without my spouse or any other person, regardless of my marital status. I am applying:

Check one box: in the business legal entity only in my name alone jointly with my spouse, registered domestic partner or other entity

CREDIT REQUEST (Attach a separate sheet if necessary)

TYPE REQUESTED <input type="checkbox"/> LOAN <input type="checkbox"/> LINE <input type="checkbox"/> OTHER _____	AMOUNT REQUESTED \$ _____	TERM REQUESTED <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> OTHER _____	PURPOSE OF LOAN/LINE: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PURCHASE INVENTORY <input type="checkbox"/> CARRY RECEIVABLES <input type="checkbox"/> TRADE FINANCE <input type="checkbox"/> PURCHASE EQUIPMENT <input type="checkbox"/> OTHER BUSINESS PURPOSE _____
<input type="checkbox"/> UNSECURED <input type="checkbox"/> SECURED			
<input type="checkbox"/> COLLATERAL _____			
GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO			

BUSINESS APPLICANT INFORMATION (Attach a separate sheet if necessary)

LEGAL NAME OF BUSINESS APPLICANT	BUSINESS PHONE	TAX ID NUMBER	DATE BUSINESS ESTABLISHED
DBA (if applicable)		NO. OF EMPLOYEES	TYPE OF BUSINESS
KEY CONTACT-BUSINESS TITLE OR POSITION		UNDER CURRENT MANAGEMENT SINCE	
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORP. <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER _____			

PERSONAL INFORMATION ON OWNERS AND GUARANTORS (Attach a separate sheet if necessary)

NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR	POSITION	RES. TELEPHONE NO.	SSN	% OWNERSHIP
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR	POSITION	RES. TELEPHONE NO.	SSN	% OWNERSHIP
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR	POSITION	RES. TELEPHONE NO.	SSN	% OWNERSHIP
STREET ADDRESS		CITY	STATE	ZIP CODE

BUSINESS APPLICANT FINANCIAL RELATIONSHIPS (Attach a separate sheet if necessary)

BANK	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS			
BANK	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS			

CURRENT BUSINESS LOANS/LINES Provide details of your business credit relationships *(Attach a separate sheet if necessary)*

NAME OF CREDITOR	TYPE OF LOAN Sec/Unsec/Equip./Etc.	ORIGINAL AMOUNT	BALANCE OWING	MONTHLY PAYMENT	NAME/MATURITY DATE

GENERAL BUSINESS PROFILE – *(Attach a separate sheet if necessary)*

DESCRIBE PRODUCT, SERVICE, OR BUSINESS OPERATION, PROVIDE SAMPLES OF COMPANY BROCHURES, AS APPLICABLE:

MANAGEMENT SUCCESSION: INDICATE NAME(S) OF SUCCESSOR(S) TO CURRENT COMPANY MANAGEMENT:

COMPANY SALES INFORMATION: ARE SALES STEADY SEASONAL INCREASING DECREASING Annual sales for last fiscal year-end

IF INCREASING OR DECREASING, EXPLAIN:

IF SEASONAL, DESCRIBE PEAK MONTHS:

LIST MAJOR CUSTOMERS:

WHAT PERCENT OF COMPANY ANNUAL SALES ARE ATTRIBUTABLE TO MAJOR CUSTOMERS? 10% 20% 30% OTHER _____%

RECENT COMPANY DEVELOPMENTS *(Attach a separate sheet if necessary)*

HAVE THERE BEEN ANY RECENT CHANGES IN COMPANY OWNERSHIP OR MANAGEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE ACCOUNTS RECEIVABLE OR INVENTORY CURRENTLY PLEDGED AS COLLATERAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE THERE BEEN ANY RECENT PRODUCT LINE ADDITIONS OR CHANGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE BUSINESS AN ENDORSER, GUARANTOR OR CO-MAKER FOR OBLIGATIONS NOT LISTED ON ITS FINANCIAL STATEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THERE ANY FUTURE EXPANSION PLANNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE TOTAL CONTINGENT LIABILITY: \$ _____
ARE ANY FUTURE ACQUISITIONS PLANNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE ANY FUTURE CONSOLIDATIONS PLANNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS THE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE ANY NEW LOCATIONS OR RELOCATIONS PLANNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES TO THE ABOVE QUESTION, EXPLAIN:
HAVE THERE BEEN ANY MAJOR CHANGES IN OPERATING RESULTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____

APPRAISAL AND CIP NOTICE.

Appraisal Notice: If you are applying for a loan which will be secured by real property, you have a right to a copy of the appraisal report obtained by this bank in support of your application for credit, provided that you have paid for the appraisal. In order to obtain a copy of your appraisal report, you may write to us at: Nara Bank, Loan Administration Department, 3731 Wilshire Blvd., Suite 1000, Los Angeles, California, 90010 or call us at **(213) 639-1700**. We must hear from you no later than 90 days after we notify you about the action taken on your application or when you withdraw your application.

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 ask to see your driver's license or other identifying documents.

SIGNATURES – (Attach a separate sheet if necessary)

The Applicant/Guarantor named above certifies that all information provided is complete, true and correct and authorizes Nara Bank to obtain credit reports, including consumer credit reports, to check the credit rating of the Applicant/Guarantor. Applicant/Guarantor authorizes the references indicated herein to release credit information to Nara Bank. Applicant/Guarantor authorizes Nara Bank to give information regarding the bank's credit experience with Applicant/Guarantor to other persons, including credit reporting agencies, if this credit is granted.

Each person signing below for the Applicant certifies that he/she is signing on behalf of the Applicant in the capacity indicated next to the signer's name that such signer is authorized to execute this Business Credit Application on behalf of the Applicant.

NOTE: If the Applicant is a corporation, this application must be signed by the President or Chairman of the Board or any Vice President and one of the following: Secretary, Assistant Secretary, Chief Financial Officer, or Assistant Treasurer. If the Applicant is a partnership, this Application must be signed by all general partners. If the Applicant is a sole proprietorship, this application must be signed by the owner. If the Applicant is an unincorporated association, this Application must be signed by all members. If the applicant is a trustee under a trust agreement, this Application must be signed by all trustees. If the Applicant is a Limited Liability Company, this Application must be signed by all members or, if appropriate, all managers. If the Applicant is a Limited Liability Partnership, this Application must be signed by all partners or, if appropriate, all managers. Each person signing this application must indicate the capacity in which he/she is signing in the space labeled "Title".

APPLICANT/GUARANTOR SIGNATURE	PRINT NAME & TITLE	DATE



(Applicant retain this portion for your record)

Please Keep for your Records

EQUAL CREDIT OPPORTUNITY ACT NOTICE RIGHT TO REQUEST SPECIFIC REASONS FOR 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 contact _____ Nara Bank at the Branch through which you applied for credit or call _____ within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into binding contract) because all or part of the applicant's income derives from any public assistance program; or because applicant has in good faith exercised any right under the Consumer Protection Act. The Federal Agency that administers compliance with this law concerning this credit is the Federal Reserve Consumer Help, P.O. Box 1200, Minneapolis, MN 55480.