



# Independence BANK

## APPLICATION FOR FINANCING CAMPGROUND IMPROVEMENTS OR REFINANCE

PO Box 2090, Havre, MT 59501-2090, phone (800) 823-2274, fax (406) 265-1242 email: carolm@ibyourbank.com

### **Applicant's Information:** How are you applying?

#### **Type of Organization (check one):**

- Sole Proprietorship – Indicate by your initials if it is your intent to apply jointly. \_\_\_\_\_ (initials) \_\_\_\_\_ (initials)
- Partnership     Limited Liability Partnership
- Corporation     Limited Liability Company
- Other

**Entity Legal Name (if applicable):** \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Employer Identification Number \_\_\_\_\_

**Campground Name:** \_\_\_\_\_

Campground Address \_\_\_\_\_  
(If different than above) Street City County State Zip Code

**Approximate number of camper nights last year:** \_\_\_\_\_ **Approximate gross income last year:** \_\_\_\_\_

**Amount of Credit Requested:** \$ \_\_\_\_\_ **Purpose:** \_\_\_\_\_ (Example: cabins, improvements, refi)

**Please check which financing plan you would prefer:** \_\_\_\_\_ Go-With-the-Flow \_\_\_\_\_ Fixed Payments

### **Principal(s) Information:**

**Name:** \_\_\_\_\_ **SSN** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SSN** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Have you ever filed Bankruptcy in the last 10 years?** \_\_\_\_\_ yes \_\_\_\_\_ no.

This information and the information on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by the Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the property given for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S. C. & 1014, and may result in a fine or imprisonment or both.

Applicant(s) hereby agree to allow Kampgrounds of America, Inc. (KOA, Inc.) to release information to Independence Bank, Havre, Montana. Such information may include but not be limited to registration and camper night franchise reports, previous royalty payment history, current merchandise credit limit and balance owing, number of years as a KOA franchisee, campground inspection reports and/or any other reports deemed necessary. Applicant(s) further authorize Independence Bank to order a credit report and verify other credit information, including past credit references, both personal and corporate. Applicant(s) further authorize Independence Bank to share any personal and entity financial information along with credit information it collects and uses with KOA, Inc. to approve and maintain this loan. In conjunction with this loan transaction, I intend to sign the note on behalf of the business and guarantee the loan.

**PLEASE SEND A COPY OF YOUR DRIVER'S LICENSE WITH THIS APPLICATION**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Greetings!

Thank you for choosing **INDEPENDENCE BANK** to provide your campground needs! Please complete and sign the attached application and send it back to us for review.

The partnership between KOA franchisees and Independence Bank began in 2002. Since that time, the partnership has grown to include KOA customers in over 42 states and Canada. We offer programs designed exclusively for KOA Campground owners ---- Go With the Flow Financing and KOA Real Estate Term Financing for a purchase or refinance. We look forward to working with you and your campground.

**EQUAL CREDIT OPPORTUNITY ACT (ECOA) NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications 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 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 is the Consumer Financial Protection Bureau, P. O. Box 27170, Washington, DC 20038, Toll-Free (855) 411-CFPB (2372), TTY/TDD (855) 729-CFPB (2372), Fax (855) 237-2392.

**NOTICE:** If your application for a loan is denied, you have the right to receive a written statement of specific reason for the denial. If upon denial you are not initially provided with such a statement, to obtain one please contact us at the address or telephone number provided in this letter, within 60 days from the date you are notified of our decision. We will send you a written statement of reason for the denial within 30 days of receiving your request for that statement. The Federal agency that administers compliance with this law concerning this creditor is: **FDIC CONSUMER RESPONSE CENTER, 1100 Walnut St., Box #11, Kansas City, MO 64106.**

### **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 all 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.

Please feel free to call or contact the **INDEPENDENCE BANK KOA Department** at 1-800-823-2274 or 1-406-265-1241 or Box 2090, Havre, MT 59501.

**(PLEASE RETAIN THIS DISCLOSURE)**