

COLLATERAL SUPPORT APPLICATION (CSA)

LENDER INFORMATION	
Lender Name:	EIN:
Contact Person:	DUNS:
Financial Institution Address:	
City, State:	County & ZIP:
Telephone:	Fax:
Email:	
BORROWER INFORMATION	
Borrower Name:	
Business Name:	
State of Incorporation/Organization:	
Borrower Business Type:	
Date Business Established:	
NAICS Code:	
Operating Entity (if different than borrower):	
Borrower Address (must a physical address):	
City, State:	County & ZIP:
Telephone:	Fax:
Email	
Business Representative & Title:	
Mailing Address:	
City, State:	County & ZIP:
Telephone:	Fax:
Email:	
Business Ownership Interest Names and Residences:	
Name:	City/State:
Title:	% Ownership:
Name:	City/State:
Title:	% Ownership:
Name:	City/State:
Title:	% Ownership:
Lender's Loan #:	
<p style="margin: 0;">Lender verifies that the Borrower is a Native-American-owned business with a structure recognized under Montana or tribal law that is registered with the Montana Secretary of State's Office or under respective tribal ordinances.</p>	
Business Description (history, products, services, and current business plans):	

PROJECT INFORMATION	
Gross Annual Revenue Last Fiscal Year:	
Employment (enter number of employees)	
Existing Full Time Employees:	NAICS Code(s):
Existing Part Time Employees:	NAICS Code(s):
New Full Time Employees:	NAICS Code(s):
New Part Time Employees:	NAICS Code(s):
Estimated Annual Wages of New Jobs	
Full Time:	Part Time:
Total "Project" Loan Amount:	
Loan Purpose:	
Loan Maturity:	
Borrower's Cash Injection:	
Portion of Loan Amount to be funded by Lender:	
Portion of Loan Amount to be funded by Other Sources & Identity:	
Amount of Collateral Deposit required for Lender to make the Loan	
FORM OF CASH COLLATERAL DEPOSIT REQUESTED (select one)	
<p>Demand money market account</p> <p>State-maintained STIP account (for non-depository institutions)</p> <p>Tiered Ladder Time Deposit Account (lower amount of funds released back to Department at beginning of loan term/higher amount towards maturity)</p> <p>Proportional Ladder Time Deposit Account (proportionate amount of funds released back to Department throughout loan term)</p>	
<p>Additional Comments: (Please include rationale for the collateral deposit request amount and the form of cash collateral deposit requested. For Tiered or Proportional Ladder Time Deposit Accounts, please identify the amount you will be releasing back to the Department in Years 1 through 5. Please submit an amortization schedule showing the loan repayment.)</p>	
AUTHORIZATION	
This signature serves as initial representation that this loan meets all requirements as set forth in the Application Guidelines and Lender Participation Agreement.	
Lender Signature	<i>By selecting the checkbox, you indicate that you agree with the terms and conditions of electronic signature.</i>
Name:	Title:
Date:	

Uniform Electronic Transactions Act: Montana Department of Commerce agrees to conduct this transaction by electronic means. By submitting this document electronically, you agree to conduct this transaction by electronic means and understand an electronic signature is the legal equivalent of a handwritten signature.