

Credit Request

	Amount Requested	Request Type	Purpose	Security Offered	Minimum Limit	Maximum Limit Unsecured	Maximum Limit Secured
ProTecLine		<input type="checkbox"/> New <input type="checkbox"/> Increase <input type="checkbox"/> Renewal		NA	\$2,500	\$10,000	NA
Line of Credit		<input type="checkbox"/> New <input type="checkbox"/> Increase <input type="checkbox"/> Renewal		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10,000	\$100,000	\$250,000
Term Loan		<input type="checkbox"/> New <input type="checkbox"/> Increase		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10,000	\$100,000	\$500,000
SBA Express Line of Credit		<input type="checkbox"/> New <input type="checkbox"/> Increase		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10,000	\$350,000	\$350,000
SBA Express Term Loan		<input type="checkbox"/> New <input type="checkbox"/> Increase		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10,000	\$350,000	\$350,000

Are you an existing ASB Customer: Yes No

If you have an existing ASB Checking Account please provide the number here:
(This account will be used for Automatic payment & deposit of proceeds)

Borrower Information

Business structure:

- C - Corporation Limited Partnership
 Corporate Trust Non Profit
 General Partnership Individual/Sole Proprietor
 Individual Trust S - Corporation
 Limited Liability Company

Business contact name:

Business phone:

Business email:

Business website:

Nature of business:

Legal name:

Doing business as:

Date business established:

Tax ID Number:

Present management since:

Business physical address (No P.O. Boxes)

State of organization:

Address line 1:

Number of employees:

Address line 2:

Annual gross sales/revenues:

City:

Annual net profit/loss:

State:

Zip:

Is ASB your primary bank: Yes No

Is this the mailing address: Yes No

If no, who is your primary bank?

Mailing address: (if different)

Business Profile Questions

List other states

Is the business registered in Hawaii? Yes No

Do you conduct business only in Hawaii? Yes No

Has the business operated 2 or more years? Yes No

Has the business ever declared bankruptcy? Yes No

Are there any delinquent state or federal taxes owed by the business or principals? Yes No

Is the business a party to any current lawsuit or countersuit? Yes No

Is the business for sale or under agreement that would change the ownership of the business? Yes No

Is the business or principal an endorser, guarantor, or co-maker for any obligations not listed on the Existing Business Loans Section (or the financial statement). Yes No

Has the business incurred a loss in any of the last three years? Yes No

Are any business or personal assets held in trust? Yes No

Existing Business Loans (include debt already held with American Savings Bank)

Refinance with loan proceeds?	Lender	Loan Type	Collateral Description	Original/Committed Amount	Current Balance	Monthly Payment
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit Card <input type="checkbox"/> Term Loan <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Line of Credit <input type="checkbox"/> Private Note <input type="checkbox"/> Other _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit Card <input type="checkbox"/> Term Loan <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Line of Credit <input type="checkbox"/> Private Note <input type="checkbox"/> Other _____				

Principals, Guarantors and Signers

Enter all guarantors and signers in this section. You must include anyone with 20% or more ownership and guarantor's ownership interest must collectively total 51% or more. All business individuals must be entered in this section even if they were already entered as the business name.

Has the principal declared bankruptcy in the last ten (10) years? Yes No

If yes, please explain:

How do you intend to apply: Individual Credit – I am applying for individual credit in my own name and am relying on my own income.
 Joint Credit – We are applying for joint credit or jointly guaranteeing the credit requested.

Principal, Guarantor, Signer #1

Principal type: Signer & guarantor Guarantor Signer **Capacity of signer:** Borrower Member Officer Partner Trustee

First name: _____ Middle initial: _____ Last name: _____ Suffix: _____

Title: _____ Percent ownership in business: _____ Social Security Number: _____ Date of birth: _____

US citizen: Yes No
 If no please provide permanent resident #: _____

				Existing customer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please provide primary ID:		
				Number	Date Issued	Date Expired
Mailing Address: Line 1: _____				<input type="checkbox"/> State Driver's License		
Mailing Address: Line 2: _____				<input type="checkbox"/> State Identification		
City: _____	State: _____	Zip: _____	Primary phone: () _____	<input type="checkbox"/> Passport		
Email: _____				<input type="checkbox"/> Military Identification		

Monthly income: _____ Total liquid assets: * _____
 * Liquid assets include: cash, certificates of deposit; marketable securities & bonds, cash surrender value of life insurance and similar assets

Principal, Guarantor, Signer #2

Principal type: Signer & guarantor Guarantor Signer **Capacity of signer:** Borrower Member Officer Partner Trustee

First name: _____ Middle initial: _____ Last name: _____ Suffix: _____

Title: _____ Percent ownership in business: _____ Social Security Number: _____ Date of birth: _____

				Existing customer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please provide primary ID:		
				Number	Date Issued	Date Expired
Mailing Address: Line 1: _____				<input type="checkbox"/> State Driver's License		
Mailing Address: Line 2: _____				<input type="checkbox"/> State Identification		
City: _____	State: _____	Zip: _____	Primary phone: () _____	<input type="checkbox"/> Passport		
Email: _____				<input type="checkbox"/> Military Identification		

Monthly income: _____ Total liquid assets: * _____
 * Liquid assets include: cash, certificates of deposit; marketable securities & bonds, cash surrender value of life insurance and similar assets

COPY AND ATTACH SEPARATE SHEET IF NECESSARY.

Agreement

PLEASE READ AND SIGN: By signing below, you are asking, on behalf of the company identified above (the "Company"), American Savings Bank (the "Bank") to open a PowerLine revolving line of credit and/or a ProTecLine overdraft line of credit, and/or make a PowerLine term loan to the Company. By signing below, you certify that you are authorized to sign this application in the capacity designated below on behalf of the Company pursuant to the authorization submitted to the Bank with this application, and that all of the above information and any information submitted with this application, including but not limited to any addendum, financial statements or supplemental documents is true and correct. You also authorize American Savings Bank to verify the information you have provided to the Bank above and in connection with this application and to receive and exchange credit information about the Company and any principal owner(s) of the Company, both now and in the future. You understand and agree that, if the Company requests a PowerLine revolving line of credit or a PowerLine term loan in an amount greater than \$100,000, the Company authorizes the Bank to consider this as an application for a commercial revolving line of credit or a commercial term loan respectively. By signing below, you are agreeing that, if this application is approved, the Company shall be subject to all of the terms and conditions of the PowerLine/ProTecLine/Term Loan Agreement (individually and collectively, the "Agreement"), and that the Company will be liable for all fees and charges charged pursuant to the Agreement. You understand and agree that if the Bank approves Company's loan, Company authorizes Bank to disburse the loan proceeds to an account at the Bank. You agree that required monthly payments under PowerLine revolving line of credit and/or ProTecLine overdraft line of credit and/or a PowerLine term loan will be automatically deducted from the American Savings Bank business checking account listed on the front of this application, and you agree to maintain the business checking account until all of the credit we have extended to you pursuant to this application is paid in full. In addition, if an Event of Default occurs under the Business PowerLine/ProTecLine/Term Loan Agreement, the Bank may apply the funds held in the business checking account to the outstanding principal balance of the credit facility. **By signing below, the Company is hereby granting the Bank a Uniform Commercial Code security interest in the American Savings Bank business checking account identified on the front of this application and any other deposit accounts the Company maintains with the Bank to secure any current or future indebtedness the Company has with the Bank and authorize the Bank to file one or more UCC-1 Financing Statements to perfect the Bank's security interest in any other collateral securing the Company's obligations under the Agreement.**

CONSENT TO ELECTRONIC DELIVERY OF DISCLOSURES AND NOTICES; ELECTRONIC SIGNATURES: This loan is not for personal, family, or household purposes; it is not a consumer transaction. By signing below, you consent to the electronic delivery of disclosures, notices, terms and conditions, other account specific documents, and future changes to such disclosures and documents. You also agree that American Savings Bank does not need to provide you with additional paper (non-electronic) copies of disclosures, notices, terms and conditions, other account specific documents, and future changes to such disclosures and documents. Nevertheless, your consent does not prohibit American Savings Bank from providing disclosures and notices in paper form. Also by signing below, you agree that the provisions of the Electronic Signatures in Global and National Commerce Act, 15 USC Ch. 96, and the Uniform Electronic Transactions Act, Haw. Rev. Stat. Ch. 489E, apply to this transaction.

LLC Authorization

The undersigned Member Managers of the Company identified above, hereby certify as follows: (1) The Company is a limited liability company duly organized under the laws of the State of its organization ; (2) The undersigned Members have the full authority to execute this Authorization; (3) The Member Managers are authorized to submit this application and establish the credit facilities requested in this application; and (4) The signatures and titles of the signors of this application are the genuine signatures and titles of the persons indicated.

Partnership Authorization

The undersigned general partners of the Company identified above (the "Partners") hereby certify to the Bank as follows: (1) The partnership is duly organized under the laws of the State of its organization ; (2) The Partners are all of the general partnership of the Company; (3) The Partners have the full power and authority to execute this authorization and this application on behalf of the Company; (4) The Partners hereby ratify all actions previously taken and to be taken in connection with this application and the credit extensions requested in the application; and (5) the Partners are jointly and severally liable for any indebtedness incurred by the Company in connection with this application.

SIGNATURE INSTRUCTIONS: SOLE PROPRIETORSHIPS MUST COMPLETE APPLICATION AND SIGN BELOW. ALL OTHER APPLICANTS MUST COMPLETE APPLICATION, SIGN BELOW, COMPLETE AND SIGN PERSONAL GUARANTY (ALL GENERAL PARTNERS, AND ALL SHAREHOLDERS OWNING 20% OR MORE OF CORPORATION STOCK OR MEMBERSHIP INTEREST IN A LIMITED LIABILITY COMPANY) BELOW. CORPORATIONS MUST ALSO COMPLETE AND SIGN THE AUTHORIZATION BELOW WHICH AUTHORIZES THE SUBMISSION OF THIS APPLICATION ON THE BEHALF OF THE COMPANY.

SIGNATURE	PRINT NAME	DATE
SIGNATURE	PRINT NAME	DATE
SIGNATURE	PRINT NAME	DATE
SIGNATURE	PRINT NAME	DATE

Corporate Authorization

The undersigned Secretary of the Company identified above, hereby certifies as follows: (1) The Company is a corporation duly organized under the laws of the State of its organization (2) The undersigned has the full authority to execute this Authorization; (3) The powers set forth in this Authorization were granted by resolutions adopted at either a board of directors meeting duly held at which a quorum was present or votes or by unanimous written consent of said board; (4) The Company is authorized to submit this application and establish the credit facilities requested in this application; (5) The persons signing this application are duly authorized to do so by the Company; and (6) The signatures and titles of the signors of this application are the genuine signatures and titles of the persons indicated.

COMPANY SECRETARY – SIGNATURE	PRINT NAME	DATE
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Personal Guaranty For Business PowerLine, ProTecLine, and PowerLine Term Loans

(Required signers: All General Partners, and all Shareholders Owning 20% or More of Corporation Stock or Membership Interest in a Limited Liability Company.)

This guaranty is being given in connection with the attached PowerLine/ProTecLine/PowerLine Term Loan Application (the "Application") in which the above identified company (the "Company"), has applied for a Business ProTecLine and/or a Business PowerLine revolving line of credit, and/or a Business PowerLine term loan (individually and collectively, the "Loan"). By signing below, each of us severally request that American Savings Bank (the "Bank") make the Loan in the Company's name. In order to induce the Bank to do so, and in consideration thereof and of benefits to accrue to each of us therefrom, each of us, as a primary obligor, jointly, severally, and unconditionally: (1) guarantees to the Bank that the Company or any of the other guarantors will fully and promptly pay and perform all of its obligations to the Bank under the PowerLine/ProTecLine Agreement (individually and collectively, the "Agreement"), and irrespective of (a) any invalidity or unenforceability of any such obligation, (b) the Bank's failure to perfect or enforce any of the Bank's rights under the Agreement or related documents, (c) any and all forbearances or waivers by the Bank of any of the terms of the Agreement, including without limitation, amendments modifying the credit limits, and (d) the renewal of a PowerLine revolving line of credit or a ProTecLine overdraft line of credit and extension of the maturity date or the conversion of a PowerLine revolving line of credit or a ProTecLine overdraft line of credit to a term loan pursuant to the terms of the Agreement; and (2) agrees, without the Bank's first having to proceed against the Company or any of the other guarantors, to pay on demand all sums due and owing by the Company or any of the other guarantors under the Loan and the Agreement, as the same may be amended from time to time (notice of all such amendments being hereby waived by each guarantor), and to pay all losses, costs, attorneys' fees, or expenses that may be suffered by the Bank by reason of the Company or any of the other guarantor's default or default by any of the undersigned. This guaranty is an unconditional guarantee of payment and performance, and shall bind our respective heirs, administrators, representatives, successors, and assigns, and shall inure to the Bank's successors and assigns, including, but not limited to, any party to whom the Bank may assign the Loan, we hereby waive notice of any such assignment. All of the Bank's rights are cumulative and not alternative. Each of us hereby authorizes the Bank, without further notice or demand, and without affecting their liability hereunder, at the Bank's discretion, to take and hold security for the payment of the Loan. By signing below, each of us authorizes the Bank to rely upon and verify any financial information provided by us to the Bank in connection with the Application and the Loan. Each of us authorizes the Bank to obtain consumer and/or commercial credit reports on each of us both now and in the future, until the later of the date all of the Company's obligations to the Bank have been satisfied or the date this guaranty is terminated. Each of us also authorizes the Bank to provide credit information about the Bank's experience with each of us to other creditors and to credit reporting agencies from time to time.

SIGNATURE	PRINT NAME	COMPANY TITLE	DATE
SIGNATURE	PRINT NAME	COMPANY TITLE	DATE
SIGNATURE	PRINT NAME	COMPANY TITLE	DATE
SIGNATURE	PRINT NAME	COMPANY TITLE	DATE

Personal Guaranty For Business PowerLine, ProTecLine, and PowerLine Term Loans

USA PATRIOT ACT NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT OR FOR A REQUEST FOR CREDIT

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 individual or business that opens an account or requests credit.

What this means for individuals: When an individual opens an account, or requests credit, we will ask for their name, address, date of birth, Social Security Number and other information that allows us to identify them. We may ask to see their driver's license or other identifying documents.

What this means for businesses: When a business opens an account or requests credit, we will ask for the business name, business address, Employer Identification Number, and other information that allows us to identify the business and signatories. We may ask to see other identifying documents showing existence of the business.

USA PATRIOT ACT, Section 326

NOTICE OF NEGATIVE INFORMATION DISCLOSURE

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

ADVERSE ACTION NOTICE DISCLOSURE

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 this statement, please contact the following within 60 days from the date you are notified of American Savings Bank's decision:

Customer Banking Center, P.O. Box 2300, Honolulu, HI 96804-2300, (808) 627-6900 or (800) 272-2566 (Neighbor Islands or Mainland).

American Savings Bank 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 discriminating against credit applicants 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 concerning the creditor is:

Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050

BANK USE ONLY

DATE APPLICATION TAKEN:	DATE APPLICATION SUBMITTED:	SOURCE OF APPLICATION: <input type="checkbox"/> In person <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	APPLICATION FEE:	NAICS CODE: http://www.naics.com/search/
BRANCH APPLICATION <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH	RELATIONSHIP MANAGER	REFERRING RM	CONTACT TELEPHONE