

## APPLICATION FOR FINANCING A CAMPGROUND PURCHASE

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

☐ Partnership ☐ Limited ☐ Corporation ☐ Limited ☐ Other  Entity Legal Name (if applica  Address	one): e by your initials if it is your intent to Liability Partnership Liability Company ble):		(initials)	(initials)  Zip Code	
Employer Identification Numbe	r				
Campground Name: _					
Campground Address	0, 1	0.1		7: 0 1	
(If different than above)		-	County	·	
Purchase Price of the Campo	round: \$	Amount of	Credit Requested: \$_		
Approximate number of camper nights last year:		Approximate gross income last year:			
Principal(s) Information	on:				
Nama	CON		Data of Divide		
Name:	SSN		Date of Birth _		<del></del>
Name:	SSN		Date of Birth _		
AddressStreet					
Street		City	State	Zip Code	
Phone	Fax		Email		
Have you ever filed Bankrup	cy in the last 10 years? y	es no.			
Applicant(s) or for the purpose of relied on by the Creditor in its dec of the Applicant(s) on the date giv herein and to determine the credi accuracy of this Statement. Credithat any knowing or willful false st	ion on all accompanying financial state Applicant(s) guaranteeing credit for ot ision to grant such credit. This Statemen below. Creditor is authorized to matworthiness of the Applicant(s). Applicator is further authorized to answer any statements regarding the value of the part may result in a fine or imprisonment	hers. Applicant(s) a ent is true and corr lke all inquiries it do ant(s) will promptly questions about C roperty given for p	icknowledge that repress ect in every detail and ac eems necessary to verify y notify Creditor of any so reditor's credit experience	entations made in this Starccurately represents the fithe accuracy of the inforrubsequent changes which ce with Applicant(s). Appli	tement will be nancial condition mation contained would affect the icant(s) are aware
information may include but not be limit and balance owing, number of further authorize Independence B corporate. Applicant(s) further authorize and uses with KOA, Inc. to approvinguarantee the loan. By signing bel	Kampgrounds of America, Inc. (KOA, e limited to registration and camper not years as a KOA franchisee, campgroank to order a credit report and verify thorize Independence Bank to share a e and maintain this loan. In conjunction, it authorizes the Creditor to have	ight franchise repo und inspection repo other credit inform ny personal and en on with this loan tra a credit reporting a	rts, previous royalty payionts and/or any other reports and/or any other reports and, including past credity financial information ansaction, I intend to signagency prepare a credit research	ment history, current mer ports deemed necessary. Idit references, both person I along with credit informan In the note on behalf of the	chandise credit Applicant(s) onal and ation it collects
PLEASE SEND A COPY OF	F YOUR DRIVER'S LICENSE V	WITH THIS APP	LICATION		
Signature	Date	Signature	·	Di Member FDIC. Equal He	 ate ousing Lender. <b>企</b>



## 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)