



*Attorney Credit  
Application Package*

## Attorney Credit Application

(Please type or print all information. Answers requiring additional space may be submitted on separate pages.)

Firm Name:		
Firm Address:		
City:	State:	Zip:
Firm Telephone:	Fax:	Practice Areas:
Firm Web Site URL:	Contact Person:	
Email:	Legal Structure:	
EIN/Tax ID #:	Year Founded:	
Has the firm or any member of the firm: (Please provide detailed explanations for all "Yes" answers.)	declared bankruptcy?	<input type="radio"/> Yes <input type="radio"/> No
	had any disciplinary issues, past or present?	<input type="radio"/> Yes <input type="radio"/> No
	have outstanding tax liens or other judgements?	<input type="radio"/> Yes <input type="radio"/> No
	been named as a defendant in any pending lawsuits?	<input type="radio"/> Yes <input type="radio"/> No

Current Number of Open Cases: \_\_\_\_\_

Case Dispositions / Year (approx.): \_\_\_\_\_

Attorney Name <i>(Please complete for all lawyers associated with the firm)</i>	Ownership %	Indicate Position		Years Practicing
		Partner	Associate	
<b>Total Number of Other Full-Time Staff</b>				

Requested Facility	Amount
Line of Credit	
Overdraft	

Supporting Documentation Checklist	
<i>(Applications cannot be processed until <b>all</b> documentation has been received.)</i>	
	Signed Application
	Signed Credit Authorization for <b>all</b> Partners [Form Enclosed]
	Partnership Agreement
	Firm Financial Statements ( <i>Current year-to-date</i> )
	Firm Federal Tax Returns ( <i>3 Years</i> )
	Bank Statements for firm Operating Account ( <i>6 months</i> )
	Bank Statements for firm IOLA Account ( <i>6 months</i> )
	Personal Tax Returns for <b>all</b> Partners ( <i>3 Years</i> )
	Personal Financial Statement for <b>all</b> Partners [Form Enclosed]
	Application Fee ( <i>non-refundable \$500</i> )

**Please send completed applications to:**

**By Mail:** Esquire Bank  
 20 E. 46th Street, Suite 302  
 New York, NY 10017

**By Email:** [lending@esqbank.com](mailto:lending@esqbank.com)

As part of the final underwriting of this loan, we may require life insurance protection. This may be in the form of key man insurance newly purchased or existing policies held by the law firm. No documentation submitted to Esquire Bank will be returned to the applicant. All application fees are non-refundable.

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 Esquire Bank at 20 East 46th Street Suite 302, New York, NY 10017 or call 212-286-3030 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 discriminating 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 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 this creditor is Office of the Comptroller of the Currency, Customer Assistance Group 1301 McKinney Street Suite 3450, Houston, TX 77010-9050.

Principal/Partner Name \_\_\_\_\_

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



***Credit Authorization*** (Each Equity Partner in the Firm must execute a Credit Authorization form.)

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Firm Telephone: \_\_\_\_\_

**Applicant Personal Information**

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I/We hereby authorize Esquire Bank (the “Lender”) and any of its agents, to verify employment record(s); banking accounts, credit history and/or any other information which any of them finds necessary in connection with my/our loan application and the loan.

I/We understand that this verification may be completed prior to loan closing as a part of the application process and/or after closing as a part of the lender’s quality control program or in collection of the loan or as required by the loan agreement(s). I/We authorize the Lender to obtain a business and a consumer report in connection with this application. The name and address of the agency providing the reports will be furnished upon request. A consumer credit report may also be requested in connection with any updates, renewal, or extension of the credit for which application is made.

I/We understand that use of a photocopy of this form may be necessary to verify one or more of my/our credit references. I/We authorize this use and request that a photocopy be honored.

I/We certify that all of my/our loan application information is true and complete, and that I/we made no misrepresentation nor did I/we omit any pertinent information.

Partner Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Each Equity Partner in the Firm must complete a Personal Financial Statement.*

Name (Print): \_\_\_\_\_

## Personal Financial Statement

Assets	Amount (\$)
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### Cash or Equivalents

Type of Account	Institution	Amount (\$)	<i>Supporting statements may be requested.</i>
Checking Account			
Savings Account			
Certificate of Deposit			
Other (Specify)			
Other (Specify)			
<b>Total Cash:</b>			

### Securities: Stocks, Bonds, Mutual Funds, etc.

Name of Security	Date Purchased	Number of Shares	Cost (\$)	Current Market Price/Share	Current Market Value (\$)	<i>Supporting statements may be requested.</i>
<b>Total Securities:</b>						

### Retirement Accounts

Type of Account	Institution	Amount (\$)	<i>Supporting statements may be requested.</i>
<b>Total Notes/Receivables:</b>			

### Notes & Contracts Receivable

Owed By	Original Date	Purpose	Maturity Date	Original Amount (\$)	Monthly Payment (\$)	Balance Owning (\$)	<i>Supporting statements may be requested.</i>
<b>Total Notes/Receivables:</b>							

### Real Estate (Market Value)

Property Address	Property Type	Title In Name of	% Own	Original Cost (\$)	Current Market Value (\$)	
<b>Total Real Estate:</b>						

### Other Assets

Life Insurance (Cash Surrender Value)	
Personal Property (Autos, Jewelry, etc.)	
Other Asset (Specify)	
Other Asset (Specify)	
<b>Total Other Assets</b>	

<b>TOTAL ASSETS:</b>	
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<b>Liabilities</b>	<b>Amount (\$)</b>
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**Revolving Debt (Credit Cards, Charge Accounts, etc.)**

Name of Creditor (Bank Name, etc.)	Type of Card / Account	Limit (\$)	Balance (\$)
<b>Total Revolving Debt:</b>			

**Installment Debt (Auto Loans, Leases, Other Installment Loans)**

Name of Creditor	Secured by (Lien)	Original Amount (\$)	Monthly Payment (\$)	Balance (\$)
<b>Total Installment Debt:</b>				

**Real Estate Mortgages / Home Equity Lines / Loans**

Property Address	Name of Creditor	Monthly Payment (\$) with Tax & Insurance	Balance (\$)
<b>Total Real Estate Liability:</b>			

**Other Liabilities**

Type of Liability	Secured by (Lien)	Original Amount (\$)	Monthly Payment (\$)	Balance (\$)
<b>Tax Liens</b>				
<b>Other Liability (Specify)</b>				
<b>Other Liability (Specify)</b>				
<b>Other Liability (Specify)</b>				
<b>Other Liability (Specify)</b>				
<b>Total Other Liabilities:</b>				
<b>TOTAL LIABILITIES:</b>				

**Additional Questions (Please provide details for all "Yes" answers.)**

Have you ever declared bankruptcy?
Are you a partner or officer in any other venture?
Are you an endorser, co-maker or guarantor on any facility?
Do you have any contingent liabilities?
Are you obligated to pay alimony, child support or separate maintenance payments?

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with Esquire Bank on behalf of the undersigned, or persons, firms or Corporations on whose behalf the undersigned may either severally or jointly with others, execute a guarantee in favor of Esquire Bank or its assigns. Each undersigned understands that Esquire Bank or its assigns are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that Esquire Bank may consider this statement as continuing to be true and correct until a written notice of a change is given to Esquire Bank by the undersigned. Esquire Bank and its assigns are authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine creditworthiness.

Principal/Partner Signature \_\_\_\_\_

Date \_\_\_\_\_



## Business Financial Statements

Firm Name (Print): \_\_\_\_\_

Date (as of): \_\_\_\_\_

**Assets**

Cash & Equivalents	
Accounts Receivable & Case Advances	
Less: Allowance for Bad Debt	
Securities and Financial Assets	
Loans to Partners/Shareholders	
Mortgages and Loans Receivable	
Equipment and Furniture (net of depreciation)	
Buildings and Improvements	
Less: Depreciation	
Other Assets (specify)	
<b>Total Assets</b>	

**Liabilities and Shareholder Equity**

Accounts Payable	
Short Term Loans Payable (<1 year) Schedule A	
Escrow-Trust Deposits	
Other Current Liabilities	
Loans from Shareholders	
Long Term Loans Payable (>=1 year) Schedule A	
Other Liabilities	
<b>Total Liabilities</b>	

**Partner/Shareholder Equity**

Capital Account	
Additional Paid in Capital	
Retained Earnings	
Less Distributions	
<b>Total Partner/Shareholder Equity</b>	

<b>Total Liabilities and Shareholder Equity</b>	
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**Schedule A**

Lending Institution	Line/Term Loan	Orig or Line Amount	Current Balance	Maturity Date	Interest Rate	Monthly Payment	Collateral

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Principal/Partner Signature \_\_\_\_\_

Date \_\_\_\_\_