WASHINGTON COLLATERAL SUPPORT PROGRAM
Department of Commerce
Attn: Jane Swanson
WSBCI@Commerce.Wa.Gov

2001 6th Ave
Suite 2600
Seattle, WA. 98121
Fax (206) 256-6158

CSP FINANCIAL INSTITUTION APPLICATION

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email address: _____

Type of Institution (must be federally- insured; circle all applicable):

Federal-chartered bank
State-chartered bank
Credit union
Savings association
Small business investment company
Federal certified not-for-profit community development financial institution
Other certified community development financial institution
Consortium of these foregoing entities
Lending institution that has executed a participation agreement with the SBA under the guaranteed loan program
Other: _____

Combined capital and surplus at most recent fiscal year end: _____ Number of lending branches in WA: _____

Regulatory Agency: _____ Insuring Agency: _____

Please provide a list of your Board of Directors, including number of members, titles and names and the same information of your top 3 executives. Attach additional pages if necessary.

Please mark the correct box if it applies to your financial institution: Minority Owned ☐ Woman Owned ☐

Per Washington Small Business Credit Initiative policy, by enrolling as a CSP Financial Institution:

- The applicant certifies that the applicant Financial Institution is not subject to a cease and desist order or other regulatory sanction with the appropriate federal or state regulatory body, which would impair its ability to participate in the Program.
- The Financial Institution agrees to follow the Program's procedures as set forth by the Washington Department of Commerce and in the applicable law and regulations.
- The Financial Institution agrees to permit an audit of any of its records relating to enrolled loans, and to supply such other information concerning enrolled loans as shall be requested by Commerce.
- The Financial Institution acknowledges that Commerce and the State will have no liability to the participating Financial Institution under the Program except from funds deposited in the Certificate of Deposit Account for the participating Financial Institution.

_____

Authorized Signature Title Date

Revised 6/5/14