

TO PROCESS THIS APPLICATION, ALL REQUESTED INFORMATION MUST BE PROVIDED

## MEMBER BUSINESS CREDIT APPLICATION

<input type="checkbox"/> New Request	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification
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### Section I-General Information

Company Legal Name:		Telephone Number:	
Company Address:		City:	State:      Zip:
Company Mailing Address:		City:	State:      Zip:
Are Facilities Owned or Leased:	Monthly Payment: \$	Years in Business:	
Tax ID Number:	Type of Business (NAICS):	Gross Annual Sales: \$	
Business Structure:	Proprietor	Partnership	S-Corporation
	C-Corporation	Limited Liability Corp/Comp.	

### Section II-Credit Request Information

How much would you like to borrow and what are the requested repayment terms?: \$	Term:
How are you using these funds?:	
What is your collateral and its estimated value?:	

### Section III-Company Owners (20% or more) If Applicable, otherwise, Company Officers

Name	Title	Percentage of Ownership

### Section IV-Outstanding Business Loans, Including those with this Credit Union

Lender	Type of Loan	Current Balance	Monthly Payment	Secured by
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Totals:		\$	\$	

### Section V-Other Information

Any unsettled lawsuits, judgments or disputes?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what and why:		
Bankruptcy ever filed by business?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?:		
Any outstanding tax obligations?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, why?:		

### Section VI-Other Financial Services Used by Company/Owner

Service	Yes	No	If yes, Name of Provider:
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	Balance: \$
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	Balance: \$
Cash Management	<input type="checkbox"/>	<input type="checkbox"/>	

**Other**  
 This Credit Union may check credit and trade references in reviewing this application, and disclose information about its credit experience with applicant, as authorized by law. This Credit Union may also check the personal credit history of the principal owner(s) and/or key individual(s). In addition to the information requested on this application, this Credit Union may subsequently request additional information from the applicant. **Applicant authorizes the Credit Union to disclose this information contained in this application, any credit report and personal financial information with the Credit Union's Servicer solely for the purposes of underwriting this loan. Applicant authorizes the Credit Union to obtain a Business Credit Report through its Servicer.**

As an authorized agent of the applicant company, I have stated that everything in the application and information submitted along with the application is true. I (we) agree that this Credit Union may provide information about me (us) or my (our) account to others.

Authorized Signature (Must be an Officer of Company)	Printed Name	Title	Date
Authorized Signature (Must be an Officer of Company)	Printed Name	Title	Date

To Applicant: Prepare for Each Person Owning 20% or More of Business

**PERSONAL FINANCIAL STATEMENT**

NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
1		1		1	
2		2		2	

HOME ADDRESS			HOME PHONE		
1			1		
2			2		

INSTRUCTIONS					
1. Total Assets should equal Total Liabilities + Net Worth					Date of Statement:
2. Please note a jointly owned asset by placing an "x" in the Jointly Owned column (JO)					

ASSETS		JO	LIABILITIES		
Cash (Schedule 1)			\$	Real Estate Mortgage(s) (Schedule 3)	\$
Investments- Marketable Stocks & Bonds (Schedule 2)			\$	Installment Loans (Schedule 7)	\$
Accounts & Notes Receivable			\$	Credit Cards	\$
Real Estate Owned (Schedule 3)			\$	Federal Income Tax	\$
Auto	Year		\$	Other Liabilities	\$
Auto	Year		\$	<b>Total Liabilities</b>	\$
Cash Value Life Insurance CSVLI (Sch. 4)			\$	<b>Net Worth</b>	\$
Retirement/Profit Sharing Accounts (Sch 5)			\$	(Total Assets Minus Total Liabilities)	
Business Ventures (Schedule 6)			\$		
Other Assets			\$		
<b>Total Assets</b>			\$	<b>Total Liabilities + Net Worth</b>	\$

SOURCES OF INCOME					
SALARY			OCCUPATION OR TYPE OF BUSINESS		
1		\$	1		
2		\$	2		
Bonuses & Commissions		\$	Employer	How Long Employed	
Dividends & Interest		\$	1	1	
Rents & Royalties		\$	2	2	
Other (Itemize)		\$	Position Held		
<b>Total Annual Income</b>		\$	1		
ALIMONY-CHILD SUPPORT: Inclusion of alimony, separate maintenance or child support as income is voluntary and need not be revealed if you do not wish to have it considered. If you choose to include such payments, please describe if by the court and case number, the amount and the name and address of the person obligated to pay that amount to you. If you are responsible for paying alimony, separate maintenance or child support, please give particulars of the obligation along with your other obligations.			2		
			Number of Dependents		
			1		
			2		

Other Information	Endorser or Co-maker on Notes?	Brief Description:					
	Defendant In Any Legal Action?	1.	Yes	No	2.	Yes	No
	Bankruptcy Ever Filed?	1.	Yes	No	2.	Yes	No

Schedule 1							
Name of Financial Institution	Type of Account	Owner	JO	If Pledged, To Whom?	Balance		
Cash, Checking, Savings, CD's, MM's							
Schedule 2							
Description	Registered in Name Of	# of Share or Par	Total Market Value	Where Pledged?			
Investments- Stocks & Bonds			\$				
			\$				
			\$				
Schedule 3							
Description and Location	Titled To	Market Value	Mortgage Lender	Balance	Mo. Pymt		
Real Estate Owned				\$			
				\$			
				\$			
Schedule 4							
Name of Insurance Company	Policy Owner	Beneficiary/Relationship	Amount	Loans	CSVLI		
Life Insurance Carried							
Schedule 5							
% Vested	Company Name	Account #	Manner of Payout	Distribution Date	Amount		
Vested interest in Retirement/ Profit Sharing Accts							
Schedule 6							
Business Names in which you are a principal or partner	Position or Title	Line of Business	Years in Business	Current Market Value	% of Ownership	Business Net Worth	Present Value Your %
Business Ventures							
Schedule 7							
Lender	JO	Origination Date	Balance	Monthly Payment	Final Payment Date	Collateral	
Loans owed to CU's, Banks, and others			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			

I (we) confirm that this financial statement is given to you by me for the purpose of obtaining credit from time to time; that I have read the same and that it is true and complete. I (we) agree that this Credit Union may provide information about me (us) or my (our) account(s) to others. I agree that if, in your sole opinion, this financial statement is found to be incorrect any one or more or all of my obligations to you at your sole discretion may be matured by you without demand upon formal notice to me.

**I (we) authorize this Credit Union to disclose the information contained in this application, any credit report and personal financial information with this Credit Union's Servicer, solely for the purposes of underwriting this loan. Applicant authorizes the Credit Union to obtain a Business Credit Report through its Servicer.**

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

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