

Member Account #: _____

Section A: Loan Request Information

Loan Purpose(s): _____

Secured Term - Requested Amount:	\$ _____	Unsecured Term - Requested Amount:	\$ _____
Credit Card - Requested Amount:	\$ _____	Owner Occupied Real Estate - Requested Amount:	\$ _____
Non-Owner Occupied Real Estate - Requested Amount:	\$ _____	Secured Line of Credit - Requested Amount:	\$ _____
Unsecured Line of Credit - Requested Amount:	\$ _____	Overdraft Line of Credit - Requested Amount:	\$ _____
Total Requested Amount:	\$ _____		_____

Section B: Company Information

Legal Name of Business Applicant: _____ Federal Tax I.D.#: _____

d/b/a or Trade Name (if different): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Title: _____

Business Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Name of Preceding Business(es) if changed within the last five years: _____

E-mail: _____ Web Address: _____

Type of Organization

- | | | | | |
|--|--|--|-------------------------------------|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Other | |

Industry/Business Type:

- | | | | | | |
|--|------------------------------------|---------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Retail | <input type="checkbox"/> Service | <input type="checkbox"/> Real Estate Investor | <input type="checkbox"/> Other: _____ |
|--|------------------------------------|---------------------------------|----------------------------------|---|---------------------------------------|

Date Established: _____ Number of Employees: _____

Description of Business: _____

Is Your Business a Franchise?: Yes No Affiliate/Subsidiary: _____

If yes, please provide a copy of the Franchise Agreement, Franchiser's FTC Disclosure Statement and Franchiser's Financial Statement.

Section C: Business Owners Guarantors

Please list all owners having 20% ownership or greater. Each individual or business must provide a Personal Financial Statement as they may be obligated for the repayment of the above request.

Full Name: _____ % Ownership: _____

Title: _____ # of Years _____

Full Name: _____ % Ownership: _____

Title: _____ # of Years _____

Full Name: _____ % Ownership: _____

Title: _____ # of Years _____

Full Name: _____ % Ownership: _____

Title: _____ # of Years _____

Section D: Assets Held by Business (Schedules 1-9 refer to business information only, please do not list any personal information). If additional space is needed, provide additional information on separate sheet(s).

SCHEDULE 1: Cash, Savings, Certificates and Money Market Accounts

Name of Bank, Financial Institution or Brokerage Firm:	Type of Account:	Pledged for Loan	Account Balances
			\$
			\$
			\$
			\$
Total:			\$

SCHEDULE 2: Stocks, Bonds, Retirement Accounts and Marketable Securities

No. of Shares/ Bond Amount	Description	In Whose Name(s) Registered?	Costs	Present Market Value	Listed-L; or Unlisted Exchange-U	Controlled - C Restricted - R	Pledged for Loan
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
Total:			\$	\$			

SCHEDULE 3: Accounts/Notes Receivable (or attach a current Accounts Receivable Aging)

Name of Debtor	Description of Property	First Lien or Second Lien	Date of Maturity	Repayment Terms	Balance Due
				per	\$
				per	\$
				per	\$
				per	\$
Total:					\$

SCHEDULE 4: Business Real Estate Owned (if applicable, provide current rent roll and lease agreement for each property listed)

Business Property Address	Legal Owner	Market Value	Present Loan Balance	Interest Rate	Monthly Payment	Lender
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

SCHEDULE 5: Business Vehicles

Year	Make	Model	Mileage	Estimated Current Value	Present Loan Balance	Interest Rate	Monthly Payment	Lender
					\$		\$	
					\$		\$	
Total:					\$		\$	

SCHEDULE 6: Other Fixed Assets (including equipment and machinery)

Furniture, Fixtures, Equipment, etc.	Estimated Current Value	Account Balances	Amount Totally Vested	Loans	Pledged for Loan	Titled-T Untitled -U
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
Total:			\$	\$	\$	

Section D: Assets Held by Business (Schedules 1-9 refer to business information only, please do not list any personal information). If additional space is needed, provide additional information on separate sheet(s).

SCHEDULE 7: Notes Payable (Please list all notes payable, leases, loans, vehicles, etc.)

To Whom Payable	Interest Rate	Collateral	Monthly Payment	Balance
	%		\$	\$
	%		\$	\$
	%		\$	\$
Total:				\$

Section E: Additional Information

Have any owners, managers, guarantors, or officers presently been charged under indictment, or are on parole or probation?	Yes	No
Has your business or have any principals of the business been involved in a bankruptcy or insolvency proceeding?	Yes	No
Is your business or are any principals of the business currently involved in any pending judgments, claims or lawsuits?	Yes	No

Section F:

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions (if appropriate, an individual listed under section C above may also be listed in this section).

Full Name: _____ Address : _____
 Title : _____ Date of Birth: _____ Social Security Number: _____
 Passport or Other ID Number: _____ Country of Issuance: _____

Certification and Signature

The undersigned certifies that all statements in this Loan Application and on each document submitted with the application are true, complete and correct and is presented for the purpose of obtaining credit as of the date indicated. The undersigned understands AmeriCU Credit Union is relying on this application in making loan(s) to them. AmeriCU or its designee is authorized to make an investigation of the credit and/or employment status of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by AmeriCU for that purpose now and in the future. The undersigned agrees to inform AmeriCU Credit Union immediately of any matter which will cause any material changes in the information provided and to your financial condition. The undersigned understands that AmeriCU Credit Union will retain this Loan Application whether or not credit is granted.

Signature: _____ Date: _____ Initials: _____
By initialing here, each applicant certifies that they have applied for joint credit

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SCHEDULE 9: Investment Property Worksheet

Property Address	Legal Owner	Purchase		Market Value			Present Loan		Monthly Rental Income	Monthly Net Operating Income Before Debt Service	Monthly Debt Service	Monthly Cash Flow After Debt Service
		Cost	Date	Valuation	Source	Date	Balance	Lender				
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
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		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
		\$		\$			\$		\$	\$		\$
TOTALS:		\$		\$			\$		\$	\$		\$