

Member Account #: _____

Business Name: _____ Federal Tax I.D.#: _____

Business Physical Address: _____

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

Business Phone: _____ Business Email: _____ Web Address: _____

Nature of your Business: _____ Date Established: _____ Number of Employees: _____

Years at Current Location: _____ Do you Own or Lease: Own Lease

Business Type: Partnership Corporation LLP Sole-Proprietorship LLC

Business Gross Annual Sales Last Fiscal Year (whole dollars): _____ Business Net Profit Last Fiscal Year (whole dollars): _____

CONTACT INFORMATION

First Name: _____ Last Name: _____

Title: _____ Phone: _____

OWNER/GUARANTOR INFORMATION

Ownership Distribution (list stockholders, partners and owners of 20% or more):

(1) Name: _____ Social Security #: _____ Date of Birth: _____

Gross Monthly Income: _____ **Source of Income:** _____

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

Home Phone: _____ Cell Phone: _____ Email: _____

Title: _____ Number of Years: _____ Ownership Percentage: _____

For security purposes, please provide your mother's maiden name: _____

(2) Name: _____ Social Security #: _____ Date of Birth: _____

Gross Monthly Income: _____ **Source of Income:** _____

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

Home Phone: _____ Cell Phone: _____ Email: _____

Title: _____ Number of Years: _____ Ownership Percentage: _____

For security purposes, please provide your mother's maiden name: _____

(3) Name: _____ Social Security #: _____ Date of Birth: _____

Gross Monthly Income: _____ **Source of Income:** _____

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

Home Phone: _____ Cell Phone: _____ Email: _____

Title: _____ Number of Years: _____ Ownership Percentage: _____

For security purposes, please provide your mother's maiden name: _____

For additional stockholders, please attach an additional sheet.

CONTROL PERSON

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 the above section above may also be listed in this section.)

Name: _____ Social Security #: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Title: _____ Passport or Other ID #: _____ County of Issuance: _____

LOAN REQUEST INFORMATION

Loan Amount Requested: _____ Loan Purpose: _____ Term: _____
 Type of Loan Requested: Unsecured Installment Overdraft Line of Credit Vehicle - Make: _____ Model: _____

*For Unsecured Loans, startup businesses can borrow up to \$10,000. In business for at least 1 year up to \$25,000. In business at least 2 years up to \$50,000. Term can be 12-60 months.

*Minimum amount of \$5,000 and a maximum of \$10,000 for Overdraft Line of Credit requests.

*Minimum amount of \$5,000 and a maximum of \$50,000 for Vehicle Loans. Term can be 12-84 for months.

BUSINESS BACKGROUND INFORMATION

Please provide a brief history of your business, future plans and projections, and describe your products and/or services and competition:

PERSONAL BUSINESS EXPERIENCE

If you have been in your current business for less than five years, please describe your previous business experience. (Include business background, management experience, and training, or include a resumé.)

MISCELLANEOUS

Are your tax liabilities current? Yes No Settled Through: _____
 Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements? Yes No
 Has the business or any principal owner ever declared bankruptcy? Yes No
 If yes, please provide details: _____
 Is the business a defendant in any lawsuit? Yes No
 If yes, please provide details: _____

CERTIFICATIONS

The undersigned certify that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Credit Union immediately of any material changes in this information. The undersigned authorizes the Credit Union to contact any bank and trade creditors it deems necessary without further notice.

Business Name: _____ Date: _____

Owner/Guarantor Signature: _____

Title: _____ Date: _____

Owner/Guarantor Signature: _____

Title: _____ Date: _____

Owner/Guarantor Signature: _____

Title: _____ Date: _____