

Member Business Loan Application

For Credit Union Use Only	Principal	Loan Date	Maturity	Loan No.	Member No.	Credit Union	Amount	CU Officer	Initials

For Approvals Only:

Applicant Information	
Full name _____	
Home address _____	
City, State, Zip _____	
Home phone (____) _____	Date of birth _____
Work phone (____) _____	SSN/TIN _____

Credit Union	
CU Name _____	
Address _____	
City, State, Zip _____	
Contact Person _____	
Contact Phone (____) _____	
Fax or Email _____	

Applicant Proposed Credit Facility:

Proposed Loan Terms	
Loan Amount \$ _____	Interest Rate: <input type="radio"/> Fixed <input type="radio"/> Variable <input type="radio"/> No Preference
Loan Term _____ <input type="radio"/> Mo. <input type="radio"/> Years	
Business Purpose of Loan: _____	

Type of Collateral			
<input type="radio"/> Titled <input type="radio"/> Automobile <input type="radio"/> Van <input type="radio"/> Short Haul Truck <input type="radio"/> Long Haul Truck <input type="radio"/> Trailer <input type="radio"/> Ship <input type="radio"/> Aircraft <input type="radio"/> Other, specify: _____	<input type="radio"/> Possessory <input type="radio"/> Share Savings/CDs <input type="radio"/> Stocks and/or Bonds <input type="radio"/> Notes/Instruments/Chattel Paper <input type="radio"/> Warehouse Receipts/Bills of Lading <input type="radio"/> Letters of Credit <input type="radio"/> Life Insurance <input type="radio"/> Other, specify: _____	<input type="radio"/> UCC Collateral <input type="radio"/> Accounts Receivable <input type="radio"/> Inventory <input type="radio"/> Chattel Paper <input type="radio"/> Equipment <input type="radio"/> General Intangibles <input type="radio"/> Fixtures <input type="radio"/> Crops <input type="radio"/> Farm Products <input type="radio"/> Livestock <input type="radio"/> Farm Equipment <input type="radio"/> Wraparound UCC filing on all business assets <input type="radio"/> Other UCC Collateral: _____	<input type="radio"/> Real Estate <input type="radio"/> Commercial — Owner Occupied <input type="radio"/> Commercial — Non-Owner Occupied <input type="radio"/> Income Property — Commercial <input type="radio"/> Income Property — Retail <input type="radio"/> Income Property — Residential <input type="radio"/> Primary Residence <input type="radio"/> Vacation Home <input type="radio"/> Condominium <input type="radio"/> Other Real Estate: _____

Payment Type		
<input type="radio"/> Installment Payments <input type="radio"/> Single Payment <input type="radio"/> Interest Only with a Balloon Payment <input type="radio"/> Installment Payments with a Balloon Payment	<input type="radio"/> Seasonal Payments <input type="radio"/> Step Up Payments (smaller to larger) <input type="radio"/> Step Down Payments (larger to smaller)	<input type="radio"/> Non-Revolving Line of Credit <input type="radio"/> Revolving Line of Credit <input type="radio"/> Other, specify: _____
Proposed Repayment Schedule: _____		

Information Regarding Your Business:

Description of Business:

Type of Organization			
<input type="radio"/> Profit C-Corporation	<input type="radio"/> Professional Corporation	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Individual
<input type="radio"/> Profit S-Corporation	<input type="radio"/> Limited Liability Corporation	<input type="radio"/> General Partnership	<input type="radio"/> Sole Proprietorship
<input type="radio"/> Non-Profit Corporation	<input type="radio"/> Professional Limited Liability Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Trust
		<input type="radio"/> Joint Venture	<input type="radio"/> Other, specify:
Official Legal Name:			
DBA Name (if any):			
State of Organization:		Qualified to do business in the following states:	
If type of organization is an individual, a sole proprietorship, or a trust, name(s) and address(es) or owner(s) primary residence(s):			
Please attach copies of:			
<input type="radio"/> For Corporations, Articles of Incorporation / for a Limited Liability Corporation, the equivalent certificate / Or for a Partnership, a Certificate of Partnership if the partnership is registered in any state (if applicable).			
<input type="radio"/> Limited Liability Corporation's Operating Agreement (if applicable).			
<input type="radio"/> Partnership Agreement (if applicable).			
Trade styles or other names under which we do or have done business:			
Registered assumed business name filing (Furnished copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable.			
Principal Place of Business:		<input type="radio"/> Same as applicant street address <input type="radio"/> Different address, please specify:	
Location of Accounting Books and Financial Records:		<input type="radio"/> Same as applicant street address <input type="radio"/> Different address, please specify:	

Proposed Guarantor(s) (Specify Relationship to Applicant):

Guarantor(s)	Address	Relationship
1.		
2.		
3.		
4.		

Guarantor(s) Financial Information Attached

Attached	Not Attached	Please attach copies of:	Date(s) or Period(s) Ending
<input type="radio"/>	<input type="radio"/>	Individual Financial Statement(s)	
<input type="radio"/>	<input type="radio"/>	Federal Tax Returns(s)	
<input type="radio"/>	<input type="radio"/>	Share Account Statement(s)	

Applicant Signatures and Important Disclosures:

I (we) hereby affirm that the foregoing information contained in this member business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Credit Union is relying on this application in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to my financial condition. I understand that Credit Union will retain this member business loan application whether or not credit is granted. If this loan application is for government assisted or subsidized financing, I authorize the Credit Union to share this information with any federal government agency (i.e., SBA), state economic development authority, community development corporation, etc... the Credit Union deems appropriate.

Business Name:	Business Name:
Signature:	Signature:
Printed Name:	Printed Name:
Date:	Date:
Business Name:	Business Name:
Signature:	Signature:
Printed Name:	Printed Name:
Date:	Date: