

BUSINESS ACCOUNT NUMBER	EMPLOYEE
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Credit Request #1

DESCRIBE THE PURPOSE OF THIS LOAN AND HOW IT WILL BENEFIT YOUR BUSINESS	AMOUNT REQUESTED
	REQUESTED TERM IN YEARS
DESCRIPTION OF COLLATERAL	ESTIMATED ASSET VALUE

Credit Request #2

DESCRIBE THE PURPOSE OF THIS LOAN AND HOW IT WILL BENEFIT YOUR BUSINESS	AMOUNT REQUESTED
	REQUESTED TERM IN YEARS
DESCRIPTION OF COLLATERAL	ESTIMATED ASSET VALUE

Use of Loan Proceeds

PROJECT ITEMS

PROJECT COST

Land & Building Acquisition	\$
Land Acquisition	\$
Building Construction / Improvement (Hard Costs)	\$
Building Construction / Improvement (Soft Costs)	\$
Debt Refinance (Complete Business Debt Schedule below)	\$
Business Acquisition (List of assets & purchase agreement required)	\$
Machinery / Equipment Acquisition	\$
Inventory	\$
Furniture	\$
Fixtures	\$
Working Capital	\$
Other (Describe)	\$

Other: \$

Total Project Cost: \$

Source of Injection

Less Borrower's Injection: \$

Total Loan Request: \$

Would you like to apply for a business credit card? Yes ☐ No ☐

Are you currently a member of the credit union? Yes ☐ No ☐

General Business Information

BORROWER NAME ¹				FEDERAL TAX ID (EIN/TIN)		DATE OF ORGANIZATION	
DBA NAME (if applicable)				BUSINESS TYPE		UNDER CURRENT MANAGEMENT SINCE	
BUSINESS PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	CONTACT EMAIL ADDRESS		
BUSINESS MAILING STREET ADDRESS	CITY	STATE	ZIP CODE	BUSINESS FAX NUMBER	WEBSITE URL		
DESCRIBE THE PRIMARY NATURE OF YOUR BUSINESS AND ITS PRODUCTS OR SERVICES						INDUSTRY TYPE	
						NUMBER OF EMPLOYEES Before Loan After Loan	
AVERAGE DEPOSIT BALANCES		LAST YEAR'S GROSS ANNUAL SALES		LAST YEAR'S ANNUAL NET PROFIT (PRE-TAX)		AVERAGE GROSS ANNUAL SALES FOR THE PAST 3 YEARS	
Is this business the subject of a Federal, State or local citation (including probation), or other action which would preclude it from normal business operations? ²				Is this business for profit?			
Does this business restrict patronage?				Has the borrower or a principal of the borrower ever declared bankruptcy? ³			
Is this business a franchise?				Have any tax liens been filed against the borrower or a principal of the borrower? ³			

Business Debt Schedule

CREDITOR NAME	ORIGINAL AMOUNT	OUTSTANDING BALANCE	MONTHLY PAYMENT	INTEREST RATE	ORIGINATION DATE	MATURITY DATE	STATUS	GOVERNMENT GUARANTEED? ⁴	PAY OFF WITH PROCEEDS?
1.				%					
2.				%					
3.				%					
4.				%					
5.				%					
6.				%					
7.				%					
8.				%					
9.				%					
10.				%					

Business Profile

LIST KEY CUSTOMERS	CREDIT SALES TERMS OFFERED ON ACCOUNT	GEOGRAPHICAL SALES AREAS
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

LIST MAJOR SUPPLIERS	CREDIT SALES TERMS RECEIVED ON ACCOUNT	LIST MAJOR COMPETITORS
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

DESCRIBE HOW PRICING OF PRODUCTS/SERVICES IS DETERMINED

DESCRIBE ADVERTISING AND PROMOTIONAL ACTIVITIES CONDUCTED TO GENERATE SALES

DESCRIBE COMPETITIVE ADVANTAGES AND MAJOR ACCOMPLISHMENTS

DESCRIBE FUTURE PLANS AND GROWTH STRATEGY (Include any identifiable impediments)

Certificate of Entity

Owner(s), General Partner(s), Managing Member(s), or Officer(s) Percentage of ownership <u>must</u> total 100% Attach additional sheets if necessary							
NAME	TITLE	US CITIZEN Y/N ⁵	VETERAN OR MILITARY ⁶	AUTHORIZED SIGNER Y/N	% OF OWNERSHIP	SOCIAL SECURITY NUMBER	
1.					%		
2.					%		
3.					%		
4.					%		

Conflict of Interest

Is the Applicant, or a principal of the Applicant, an employee of the credit union or its affiliates, or immediately related to an employee of the credit union or its affiliates?

Yes☐ No☐

Does the Applicant, or a principal of the Applicant, have a contractual/referral agreement with the credit union?

Yes☐ No☐

Is the Applicant, or a principal of the Applicant, an employee, the spouse of an employee, a minor child or a blood relative of an employee of the Small Business Administration (SBA), or a blood relative of the spouse of such an individual (living in the same residence)?

Yes☐ No☐

Is an employee, owner, partner, attorney, agent, owner of stock, officer, director, creditor or debtor of the Applicant a former SBA employee, who has been separated from the SBA for less than one year prior to the request for financial assistance?

Yes☐ No☐

Is the Applicant, a principal of the Applicant, the spouse, a minor child, or a blood relative, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government, or a blood relative of the spouse of such an individual (living in the same residence)?

Yes☐ No☐

Is the Applicant, a principal of the Applicant, the spouse, a minor child, or a blood relative, a government employee having a grade of at least GS-13 or higher, or a blood relative of the spouse of such an individual (living in the same residence)?

Yes☐ No☐

Is the Applicant, a principal of the Applicant, the spouse, a minor child, or a blood relative, a member or employee of a Small Business Advisory Council or a SCORE volunteer, or a blood relative of the spouse of such an individual (living in the same residence)?

Yes☐ No☐

Please Note – This loan application is designed to assist in gathering essential loan information. Any information item left blank will necessitate follow-up by the Lender and will delay loan processing. If there are any questions regarding the information requested in this application, please contact your loan officer or local branch.

Affiliate Entities

Does the borrower or a principal of the borrower have controlling interest, as an owner, principal, partner or manager in any other business (including serving as a board member)? Yes ☐ No ☐

Please provide the following information for each affiliate⁷ entity | Attach additional sheets if necessary, any attachments must be signed and dated

AFFILIATE NAME	FEDERAL TAX ID (EIN/TIN)	TYPE OF AFFILIATION	INDUSTRY TYPE
DESCRIBE THE PRIMARY NATURE OF THE AFFILIATE BUSINESS		AVERAGE GROSS ANNUAL SALES FOR THE PAST 3 YEARS	NUMBER OF EMPLOYEES

AFFILIATE NAME	FEDERAL TAX ID (EIN/TIN)	TYPE OF AFFILIATION	INDUSTRY TYPE
DESCRIBE THE PRIMARY NATURE OF THE AFFILIATE BUSINESS		AVERAGE GROSS ANNUAL SALES FOR THE PAST 3 YEARS	NUMBER OF EMPLOYEES

Authorized Signatures and Certification

Each person signing below certifies that such person is at least eighteen (18) years of age, and is an owner, shareholder, officer, director, member, manager, or partner of the Borrower with the authority to bind the Borrower to the terms of any promissory notes or other similar instruments. Each such person authorizes Lender, and its servicer Member Business Lending, LLC, to obtain business and consumer credit bureau reports and to exchange information about such person and Borrower in connection with extensions of credit, increases, the review and collection of the Borrower's credit line. Lender will provide the name and address of each credit bureau from which Lender obtained credit reports if any of the persons signing below asks for such information in writing.

Each person signing below certifies that all loan proceeds will be used only for business related purposes. Loan amounts may be adjusted on a case-by-case basis as determined by credit union policies and procedures. For loan requests processed utilizing the Small Business Administration's 7(a) Loan Program, each person signing below understands that the applicant is not required to obtain or pay for unwanted services; the Small Business Administration does not require the use of an Agent for packaging or referring a loan application.

Each person signing below certifies that the statements contained in this application are true and accurate as of the date of application. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. Each such person understands that FALSE statements, including overvaluation of a security to obtain a guaranteed loan from the SBA, may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General, which may result in fines up to \$10,000 and/or imprisonment for not more than five years under 18 USC1001; if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000.

SIGNATURE	PRINTED NAME		TITLE		DATE
	ID TYPE	ID ISSUER	ID NUMBER	ID ISSUE DATE	ID EXPIRATION DATE

SIGNATURE	PRINTED NAME		TITLE		DATE
	ID TYPE	ID ISSUER	ID NUMBER	ID ISSUE DATE	ID EXPIRATION DATE

SIGNATURE	PRINTED NAME		TITLE		DATE
	ID TYPE	ID ISSUER	ID NUMBER	ID ISSUE DATE	ID EXPIRATION DATE

SIGNATURE	PRINTED NAME		TITLE		DATE
	ID TYPE	ID ISSUER	ID NUMBER	ID ISSUE DATE	ID EXPIRATION DATE

¹ Borrower – Name of the proprietor for Sole Proprietorships, or the name of the entity for Partnerships, Limited Liability Companies and Corporations.

² Affirmative responses require a written explanation.

³ Please provide a detailed written explanation for each affirmative response (explanations must be attached on a separate sheet).

⁴ All outstanding government guaranteed loans (i.e. Small Business Administration, Department of Agriculture, Department of Veterans Affairs, Federal Deposit Insurance Corporation, Department of Education and the Department of Justice), including all open lines of credit, must be current and in good standing.

⁵ The Small Business Administration can provide financial assistance to businesses that are at least 51% owned and controlled by persons who are not citizens of the United States provided the persons are lawfully in the United States. The processing procedures and the terms and conditions will vary, depending upon the status of the owners as assigned by the United States Citizenship and Immigration Services (USCIS).

⁶ Please provide a written statement including the name of the military branch in which service was provided, the dates of service and the disposition of discharge, if applicable.

⁷ An affiliate is a business where the borrower or a principal of the borrower has controlling interest in any other business.

General Information | To be completed by each guarantor

FULL LEGAL NAME (First Name, Middle Initial, Last Name)	TITLE	US CITIZEN Y/N	SOCIAL SECURITY NUMBER	VETERAN OR MILITARY	DATE OF BIRTH	% OF OWNERSHIP %
RESIDENCE PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE	RESIDENCE PHONE	MOBILE PHONE	EMAIL ADDRESS

Have you ever declared bankruptcy?	Yes ☐ No ☐
Are you currently involved in any lawsuits/litigations?	Yes ☐ No ☐
Are you past due on any tax obligations?	Yes ☐ No ☐
Have you ever defaulted on any federally assisted loan?	Yes ☐ No ☐

Personal Financial Statement

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (e.g. Credit Cards) (Describe in Section 6)	\$
Real Estate (Describe in Section 2)	\$	Installment Account (Auto) Sum of Monthly Payments	\$
Automobiles – Total Present Value (Describe in Section 3)	\$	Installment Account (Other) Sum of Monthly Payments	\$
IRA or Other Retirement Accounts (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 2)	\$
Accounts & Notes Receivable (Describe in Section 3)	\$	Unpaid Taxes (Describe in Section 7)	\$
Other Personal Property (Describe in Section 3)	\$	Other Liabilities (Describe in Section 7)	\$
Other Assets (Describe in Section 3)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 4)	\$	Total Liabilities	\$
Life Insurance – Cash Surrender Value Only (Describe in Section 5)	\$	Net Worth	\$
Total	\$	Total	\$

SECTION 1 | Sources of Income

Salary	\$
Net Investment Income	\$
Real Estate Income	\$
Other Income (Describe below)*	\$

Contingent Liabilities

As Endorser or Co-Maker	\$
Legal Claims & Judgments	\$
Provision for Federal Income Tax	\$
Other Special Debt	\$

DESCRIPTION OF OTHER INCOME IN SECTION 1

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

SECTION 2 | Real Estate Owned | List each parcel separately. Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated

PROPERTY A					
TYPE OF REAL ESTATE	STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME(S) ON TITLE	DATE PURCHASED	ORIGINAL COST	PRESENT MARKET VALUE		
NAME OF MORTGAGE HOLDER	MORTGAGE ACCOUNT NUMBER	MORTGAGE BALANCE	PAYMENT AMOUNT	STATUS	
1.					
2.					
PROPERTY B					
TYPE OF REAL ESTATE	STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME(S) ON TITLE	DATE PURCHASED	ORIGINAL COST	PRESENT MARKET VALUE		
NAME OF MORTGAGE HOLDER	MORTGAGE ACCOUNT NUMBER	MORTGAGE BALANCE	PAYMENT AMOUNT	STATUS	
1.					
2.					
PROPERTY C					
TYPE OF REAL ESTATE	STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME(S) ON TITLE	DATE PURCHASED	ORIGINAL COST	PRESENT MARKET VALUE		
NAME OF MORTGAGE HOLDER	MORTGAGE ACCOUNT NUMBER	MORTGAGE BALANCE	PAYMENT AMOUNT	STATUS	
1.					
2.					

SECTION 3 Automobiles, Retirement Accounts, Accounts and Notes Receivable, Other Personal Property and Other Assets Attach additional sheets if necessary, any attachments must be signed and dated					
DESCRIPTION OF ASSET (For vehicles include Year, Make and Model)	PLEDGED AS SECURITY? Y/N	NAME OF LIENHOLDER	LIEN AMOUNT	TERMS OF PAYMENT	DELINQUENT? Y/N
1.					
2.					
3.					
4.					
DESCRIPTION OF DELINQUENCY (If applicable)					

SECTION 4 Stocks and Bonds Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated					
NAME OF SECURITIES	NUMBER OF SHARES	COST	MARKET VALUE QUOTATION/EXCHANGE	DATE OF QUOTATION/EXCHANGE	TOTAL VALUE
1.					
2.					
3.					
4.					

SECTION 5 Life Insurance Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated			
NAME OF INSURANCE COMPANY	FACE VALUE	CASH SURRENDER VALUE	BENEFICIARY(IES)
1.			
2.			

SECTION 6 Notes Payable to Banks and Others Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated					
NAME OF NOTEHOLDER(S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY (Monthly, Etc.)	HOW SECURED OR ENDORSED (Type Of Collateral)
1.					
2.					
3.					
4.					

SECTION 7 Unpaid Taxes and Other Liabilities Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated				
TYPE OF LIABILITY	TO WHOM PAYABLE	DUE DATE	AMOUNT DUE	ADDRESS OF PROPERTY TO WHICH TAX LIEN APPLIES (If applicable)
1.				
2.				
3.				
4.				

Certification

Each person signing below authorizes Lender, and its servicer Member Business Lending, LLC, to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify under penalty of criminal prosecution that all information on this form, and any additional supporting information submitted with this form, is true and complete to the best of my knowledge, as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. Each person signing below understands that FALSE statements may result in forfeiture of benefits and possible prosecution.

SIGNATURE	PRINTED NAME	SOCIAL SECURITY NUMBER	DATE
SIGNATURE OF SPOUSE	PRINTED NAME OF SPOUSE	SOCIAL SECURITY NUMBER OF SPOUSE	DATE



General Information | To be completed by each principal of the Applicant and each guarantor

FULL LEGAL NAME (First Name, Middle Initial, Last Name)

CURRENT RESIDENCE PHYSICAL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

PREVIOUS RESIDENCE PHYSICAL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

Education

COLLEGE OR TECHNICAL TRAINING | List most recent degree first | Attach additional sheets if more space is required

NAME OF INSTITUTION

DEGREE/CERTIFICATE

LOCATION

DATES ATTENDED

From:

To:

MAJOR

NAME OF INSTITUTION

DEGREE/CERTIFICATE

LOCATION

DATES ATTENDED

From:

To:

MAJOR

NAME OF INSTITUTION

DEGREE/CERTIFICATE

LOCATION

DATES ATTENDED

From:

To:

MAJOR

Skills

PLEASE PROVIDE A SHORT NARRATIVE OF SKILLS RELATED TO THE PRIMARY INDUSTRY OF YOUR BUSINESS | Attach additional sheets if more space is required

Work Experience

LIST MOST RECENT EMPLOYER FIRST | Attach additional sheets if more space is required

NAME OF COMPANY

POSITION/TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

DATES EMPLOYED

From:

To:

PLEASE PROVIDE A SHORT NARRATIVE OF DUTIES AND RESPONSIBILITIES AS ASSIGNED

NAME OF COMPANY

POSITION/TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

DATES EMPLOYED

From:

To:

PLEASE PROVIDE A SHORT NARRATIVE OF DUTIES AND RESPONSIBILITIES AS ASSIGNED

NAME OF COMPANY

POSITION/TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

DATES EMPLOYED

From:

To:

PLEASE PROVIDE A SHORT NARRATIVE OF DUTIES AND RESPONSIBILITIES AS ASSIGNED