

For Credit Union Use Only
Business Account # _____
Employee _____

I. GENERAL BUSINESS INFORMATION

Borrower Name: _____	Federal Tax ID# (EIN): _____
DBA Name: _____	Web Address: _____
<u>Business Physical Address (No P.O. Boxes):</u>	<u>Mailing Address (if different):</u>
Street _____	Street _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Business Phone: (____) _____	Business Fax: (____) _____
Industry Type (mark only one):	Number of Employees: Before Loan _____ After Loan _____
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Construction
<input type="checkbox"/> Retail/Service	<input type="checkbox"/> Manufacturing
Describe the primary nature of your business and its products or services: _____	

Date the business was established: _____ Current owners since: _____

Is this business the subject of any Federal, State or local citations (including probation), or other actions which would preclude it from normal business operations? Yes² No

Does the borrower or a principal of the borrower have controlling interest, as an owner, principal, partner or manager in any other business? Yes³ No

Does the borrower or a principal of the borrower have any outstanding SBA loans? Yes⁴ No

Is this business a franchise? Yes No

Is this business for profit? Yes No

Does this business restrict patronage? Yes No

Describe the purpose of this loan and how it will benefit your business: _____

II. USE OF LOAN PROCEEDS

The following section relates to your planned use for the funds from this loan request
Please be as accurate and specific as possible in breaking out anticipated expenditures by category

Project Items	Project Cost
Land & Building Acquisition	\$ _____
Land Acquisition	\$ _____
Building Construction / Improvement (Hard Costs)	\$ _____
Building Construction / Improvement (Soft Costs)	\$ _____
Debt Refinance (Complete section III below)	\$ _____
Business Acquisition (List of assets & purchase agreement required)	\$ _____
Machinery / Equipment Acquisition	\$ _____
Inventory	\$ _____
Furniture	\$ _____
Fixtures	\$ _____
Working Capital	\$ _____
Other (Describe): _____	\$ _____
	Total Project Cost: \$ _____
	Less Borrower's Injection: \$ _____
Source of Injection: _____	Total Loan Request: \$ _____

**A copy of all promissory notes and commercial security agreements,
with per diem payoff quotes are required**

(attach additional sheets if more space is required)

III. FOR DEBT REFINANCE

Creditor Name	Outstanding Balance	Monthly Payment	Interest Rate	Loan Maturity (Month/Year)
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	
	\$	\$	%	

IV. CONFLICT OF INTEREST

Please provide a detailed written explanation for each affirmative response

(Explanations must be attached on a separate sheet)

Is the borrower or a principal of the borrower immediately related to any or an employee of any of the following?

- A. Lending organization or its affiliates? Yes No
- B. U.S. Small Business Administration Yes No
- C. Small Business Administration Associates, Community Organizations or Programs? Yes No
- D. Member of the United States military with a rank of Major, Lieutenant Commander, or higher? Yes No
- E. Federal employee with a GS-13 clearance level or higher? Yes No
- F. Federal Senate or House of Representatives? Yes No
- G. Appointed officials of: Federal Judiciary, Senate or House of Representatives? Yes No

V. GENERAL PRINCIPAL INFORMATION

Owner(s), General Partner(s), Managing Member(s), or Officer(s)

Any Person(s) with 20% or more ownership in the borrower must be listed

1) First Name: _____ M.I.: _____ Last Name: _____
 SSN: _____ Date of Birth: _____ Title: _____ Ownership %: _____
Residence Physical Address (No P.O. Boxes):
 Street _____ Are you a United States citizen? Yes No⁵
 City _____ State _____ ZIP _____ Are you a veteran of the United States Armed Forces? Yes⁶ No
 Residence Phone: (____) _____ Have you ever declared bankruptcy? Yes⁷ No
 Mobile Phone: (____) _____ Are you currently involved in any lawsuits/litigations? Yes⁷ No
 Monthly child support/alimony payment: \$ _____ Are you past due on any tax obligations? Yes⁷ No
 Email Address: _____ Have you ever defaulted on any Federally assisted loan? Yes⁷ No

2) First Name: _____ M.I.: _____ Last Name: _____
 SSN: _____ Date of Birth: _____ Title: _____ Ownership %: _____
Residence Physical Address (No P.O. Boxes):
 Street _____ Are you a United States citizen? Yes No⁵
 City _____ State _____ ZIP _____ Are you a veteran of the United States Armed Forces? Yes⁶ No
 Residence Phone: (____) _____ Have you ever declared bankruptcy? Yes⁷ No
 Mobile Phone: (____) _____ Are you currently involved in any lawsuits/litigations? Yes⁷ No
 Monthly child support/alimony payment: \$ _____ Are you past due on any tax obligations? Yes⁷ No
 Email Address: _____ Have you ever defaulted on any Federally assisted loan? Yes⁷ No

3) First Name: _____ M.I.: _____ Last Name: _____
 SSN: _____ Date of Birth: _____ Title: _____ Ownership %: _____
Residence Physical Address (No P.O. Boxes):
 Street _____ Are you a United States citizen? Yes No⁵
 City _____ State _____ ZIP _____ Are you a veteran of the United States Armed Forces? Yes⁶ No
 Residence Phone: (____) _____ Have you ever declared bankruptcy? Yes⁷ No
 Mobile Phone: (____) _____ Are you currently involved in any lawsuits/litigations? Yes⁷ No
 Monthly child support/alimony payment: \$ _____ Are you past due on any tax obligations? Yes⁷ No
 Email Address: _____ Have you ever defaulted on any Federally assisted loan? Yes⁷ No

VI. MANAGEMENT RESUME

All items must be completed, if an item is not applicable, please so indicate
(attach additional sheets if more space is required)

Legal Name: _____

Residence Physical Address (No P.O. Boxes):

Street _____

City _____ State _____ ZIP _____

Residence Phone: (____) _____

Previous Residence Address:

Street _____

City _____ State _____ ZIP _____

Lived there from: _____ to: _____

A. EDUCATION

College or Technical Training
(list most recent degree first)

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

Name of Institution: _____

Location: _____

Dates Attended: from: _____ to: _____

Degree/Certificate: _____

Major: _____

B. SKILLS

Please provide a short narrative of skills related to the primary industry of your business
(attach additional sheets if more space is required)

C. WORK EXPERIENCE

Please provide a short narrative of duties and responsibilities as assigned
(list most recent employer first) (attach additional sheets if more space is required)

Name of Company: _____

Location: _____

Dates Employed: from: _____ to: _____

Position / Title: _____

Duties: _____

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Location: _____

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Position / Title: _____

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Location: _____

Dates Employed: from: _____ to: _____

Position / Title: _____

Duties: _____

Name of Company: _____

Location: _____

Dates Employed: from: _____ to: _____

Position / Title: _____

Duties: _____

VII. BUSINESS HISTORY

Please provide a short narrative for each of the business elements listed below.
(attach additional sheets if more space is required)

Include any brochures, advertising materials, web pages, or printed history of the business if available

A. PRODUCTS OR SERVICES

If a manufacturer, describe the products you plan to make. If a retailer, discuss the various types of goods to be sold. If a service business, describe the services offered
(attach additional sheets if more space is required)

B. SALES / MARKETING ACTIVITY

To whom are your products / services sold?

Retailers

Wholesalers

The General Public

List your key customers:

How are your sales made?

Who are your suppliers & what are their credit sales terms?

How do you determine the price of your products / services?

How will or do you advertise and what promotional activities will you or do you conduct to generate sales?

C. COMPETITION

Please provide a short narrative describing and listing all of your major competitors. Include the advantage your business will have or has over your competitor and the approximate distance of your competitors from your present / proposed location
(attach additional sheets if more space is required)

D. LOCATION

Please provide a short narrative describing the area and the customer base in which your business is or will be located, including all advantages and disadvantages of the location. If this is a new business, please explain the need for the business in the area
(attach additional sheets if more space is required)

E. FACILITIES

Please provide a short narrative describing the type and condition of your building, including any needed improvements
(attach additional sheets if more space is required)

F. AGING OF ACCOUNTS

Please provide a detailed aging report of accounts receivable and accounts payable. It is important that the accounts aging report accurately match the businesses current balance sheet
(attach additional sheets if more space is required)

Standard Terms Received on Account:

Standard Terms Offered on Account:

Special Terms Offered or Received:

G. COLLATERAL

Please provide a detailed description of all collateral items that are to be pledged as security for this loan request
(attach additional sheets if more space is required)

Description	Year Acquired	Market Value	Lien Amount	Lienholder

VIII. 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 subsidiary 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.

1) Signature (corresponds to principal #1)	Printed Name and Title	Date
	ID Type: <input type="checkbox"/> Driver License <input type="checkbox"/> Other _____ (Specify)	
	ID Issuer _____ ID Number _____	
	ID Issue Date _____ ID Expiration _____	

2) Signature (corresponds to principal #2)	Printed Name and Title	Date
	ID Type: <input type="checkbox"/> Driver License <input type="checkbox"/> Other _____ (Specify)	
	ID Issuer _____ ID Number _____	
	ID Issue Date _____ ID Expiration _____	

3) Signature (corresponds to principal #3)	Printed Name and Title	Date
	ID Type: <input type="checkbox"/> Driver License <input type="checkbox"/> Other _____ (Specify)	
	ID Issuer _____ ID Number _____	
	ID Issue Date _____ ID Expiration _____	

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

²Affirmative responses require a written explanation

³An affiliate is a business where the borrower or a principal of the borrower has controlling interest in any other business; additional information will be required

⁴All outstanding Small Business Administration loans, including all open lines of credit, must be current and in good standing; additional information will be required

⁵The 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)

⁶Please 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

⁷Please provide a detailed written explanation for each affirmative response. (Explanations must be attached on a separate sheet)

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.