

# BUSINESS LOAN APPLICATION

Existing Member #: \_\_\_\_\_

Each shareholder, partner or member owning 25 percent or more interest in the Business Applicant must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guaranties may be required.

## BUSINESS INFORMATION

Business Applicant's Name (exact legal name)		DBA (if applicable)		
Taxpayer ID Number	Year Business Established	Years Current Ownership	Years owners have been in this line of business	Annual Sales \$
Business Type:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual	<input type="checkbox"/> CORPORATION <input type="checkbox"/> Sub-S Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> OTHER <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Professional Association <input type="checkbox"/> Other:
Description of Business or Service				
Business Contact Name		Business Phone	Business Fax	

### BUSINESS LOCATION (cannot be a P.O. box):

Street Address	City	State	Zip Code
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### BUSINESS MAILING ADDRESS (if different from above):

Street Address	City	State	Zip Code
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## LOAN REQUEST

### LOAN TYPE:

<input type="checkbox"/> Business Line of Credit	New Line Amount	\$ _____	or increase Line from \$ _____ to \$ _____
<input type="checkbox"/> Term Loan	Amount Requested	\$ _____	Length of Term: _____
For equipment purchase, please provide the purchase price: \$ _____ Also, please include a copy of the purchase order.			
<input type="checkbox"/> Commercial Real Estate Loan*	Amount Requested	\$ _____	Length of Term: _____
Owner Occupied: _____ Investment: _____			
<input type="checkbox"/> SBA Loan	Amount Requested	\$ _____	Length of Term: _____
<input type="checkbox"/> Other	Amount Requested	\$ _____	Length of Term: _____
Description of Other: _____			

## LOAN PURPOSE & COLLATERAL

What are loan proceeds going to be used for: \_\_\_\_\_

\*Collateral Available: \_\_\_\_\_

\*Loans will be secured by all business assets unless specific assets, acceptable to the Credit Union, are pledged. Please describe fully any such specific assets that you wish to use as collateral. Please note which assets, if any are pledged as collateral for other loans. Please note location of collateral if different than your business location.

## FINANCIAL INFORMATION

### Business Deposit Accounts

Financial Institution	Type of Account	Current Balance	Average Balance	Would you like to move the account to SFCU?
		\$ _____	\$ _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____	<input type="checkbox"/> Yes

### Business Debts (List all business debts, including accounts and trade payables. Include existing SFCU debt.)

To whom payable?	Type of Account (Revolving, Term, etc.)	Balance Owning	Payment	Pay off with proceeds?
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes

## RELATED BUSINESS ISSUES

Has the Applicant or any Guarantor or Co-applicant ever declared bankruptcy?  Yes  No

Is the Business Applicant or any Guarantor or Co-applicant a party to any claim or lawsuit?  Yes  No

Are there any state or federal tax liens filed against the Business Applicant or any Guarantor or Co-applicant?  Yes  No

Does Business Applicant own or lease occupied building?  Own  Lease

If you lease, name lessor: \_\_\_\_\_

Years remaining on lease: \_\_\_\_\_

Monthly lease payments, if applicable: \$ \_\_\_\_\_

Is the Business already pledging any assets for a loan or lease?  Yes  No

Mailing address of lesser: \_\_\_\_\_

## OWNERSHIP/MANAGEMENT INFORMATION

### List all owners of the company

Name	Social Security #	Title	Percent Ownership	Number of Years in This Line of Business	Monthly Housing Payment
			%		\$ _____
			%		\$ _____
			%		\$ _____
			%		\$ _____

**FINANCIAL STATEMENTS AND TAX RETURNS** Please provide a copy of the company's financial statements or tax returns for the last three years and interim financial statements for the current year. Please also provide guarantors' tax returns for the last three years and updated personal financial statements.

**AUTHORIZATION:** Each Business Applicant and each person or entity signing this Application or an Application Addendum Form ("Signer") certifies that all information provided by the Business Applicant and the Signer is true and complete and authorizes SFCU to 1) obtain credit and employment information about the Business Applicant and Signer; 2) obtain credit reports and make any inquiries SFCU considers appropriate in connection with this application or review of this loan account from time to time; 3) make SFCU experience with this loan account and information about this application available to credit bureaus, other Signers or other persons who have or expect to have financial dealings with the Business Applicant and the Signer; 4) share collection information with Signer's other creditors; and 5) disclose account information as required by law. Each Signer acknowledges that additional information may be required in order to make a final credit decision. Business Applicant also acknowledges receipt of the Equal Credit Disclosures provided with this application.

**REQUIRED SIGNERS:** All signers must also be duly authorized to sign on behalf of applicant. **ACKNOWLEDGEMENT:** EACH SIGNER ACKNOWLEDGES THAT SFCU MAY RELY ON THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO WITH SFCU. EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY SFCU PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ AND UNDERSTOOD THE TERMS OF THIS APPLICATION, INCLUDING ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. SFCU is Stanford Federal Credit Union. Each Shareholder, Partner, or Member owning 25 percent or more interest in the Business Applicant must sign below.

X	Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date
X	Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date
X	Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date
X	Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date

**PERSONAL FINANCIAL STATEMENT**

**Existing Member #:** \_\_\_\_\_

You may apply for an extension of credit individually or jointly with another applicant. This statement and any applicable supporting schedules may be completed jointly by co-applicants if their assets and liabilities can be meaningfully and fairly presented on a combined basis, otherwise separate statements and schedules must be provided. If you are applying for an unsecured individual loan, you do not need to complete any information concerning a co-applicant unless another person will be permitted to use the account or you wish the co-applicant's or other person's income to be relied upon as the basis for repayment. For the purpose of obtaining credit from time to time with SFCU, the following statement and information are furnished as a complete, true, and accurate statement of the financial condition of the undersigned. All amounts are rounded to the nearest \$100.

APPLICANT				CO-APPLICANT			
Full Name				Full Name			
Street Address (cannot be a P.O. box)				Street Address (cannot be a P.O. box)			
City/State/Zip				City/State/Zip			
County				County			
Since	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	\$ _____	Since	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	\$ _____
Previous Address (if less than 5 years at present)				Previous Address (if less than 5 years at present)			
City/State/Zip				City/State/Zip			
Since	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	\$ _____	Since	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	\$ _____
Social Security #		Date of Birth		Social Security #		Date of Birth	
Phone: Residence		Work		Phone: Residence		Work	
Employer				Employer			
Address				Address			
Position/Title		Since		Position/Title		Since	
Previous Employer				Previous Employer			
Position/Title		How Long		Position/Title		How Long	
Dependents (include self)				Dependents (include self)			
Marital Status *		Are you a U.S. Citizen?		Marital Status *		Are you a U.S. Citizen?	
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Do not provide this information if your application is for individual, unsecured credit.

ASSETS		LIABILITIES	
Cash (Schedule 1)	\$	Short Term Notes Due Financial Insts. (Schedule 7)	\$
Retirement Accounts, include IRA Accts. (Schedule 1)	\$	Short Term Notes Due to Others (Schedule 7)	\$
Securities (Schedule 2)	\$	Credit Accounts and Bills Due (Schedule 8)	\$
Life Insurance Cash Value (Schedule 3)	\$	Insurance Loans (Schedule 3)	\$
Mortgages and Contracts Held by You (Schedule 4)	\$	Installment Loans and Contracts (Schedule 7)	\$
Homestead (Schedule 5)	\$	Mortgages on Home (Schedule 5)	\$
Other Real Estate (Schedule 5)	\$	Mortgages on Other Real Estate (Schedule 5)	\$
Profit Sharing & Pension (Schedule 6)	\$	Other Liabilities (Describe)	\$
Automobile (Describe)	\$		\$
	\$		\$
Personal Property	\$		\$
Other Assets (Describe)	\$		\$
	\$		\$
<b>Total \$</b>		<b>Total \$</b>	
		<b>(Total Assets Less Total Liabilities) Net Worth \$</b>	

Please contact your banker if you need assistance with completing these schedules. Round all amounts to the nearest \$100.

* ANNUAL INCOME	APPLICANT	CO-APPLICANT	PLEASE ANSWER EACH QUESTION (Yes / No)	APP.	CO-APP
Salary	\$	\$	Are you a Co-Maker, Endorser or Guarantor of any other person's debt?		
Bonuses/Commissions	\$	\$			
Dividends/Interest	\$	\$		Are you a defendant in any suit or legal action?	
Net Real Estate Income	\$	\$			
* Income from alimony, child support, or maintenance payments need not be entered unless you want it considered as a base for repayment.	\$	\$	Have you ever gone through bankruptcy or had a judgment against you?		
Other (List)	\$	\$	Have you made a will?		
<b>Total \$</b>					

**SCHEDULE 1 / CASH, SAVINGS, CERTIFICATES AND IRA ACCOUNTS**

Name of Bank or Financial Institution	Type of Account	Joint	Indiv.	Acct. Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total \$</b>				

**SCHEDULE 2 / SECURITIES OWNED**

Par Value or No. of Shares	Description	Registered in Name(s) of	Listed or Unlisted	Current Market Value
				\$
				\$
				\$
				\$
				\$
<b>Total \$</b>				

**SCHEDULE 3 / LIFE INSURANCE**

Insurance Company	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Loans
			\$	\$	
			\$	\$	
			\$	\$	
<b>Total \$</b>					

**SCHEDULE 4 / RECEIVABLES DUE TO ME ON MORTGAGES AND CONTRACTS I OWN**

Name of Debtor	Description of Property	First Lien or Second Lien	Date of Maturity	Repayment Terms	Balance Due
				\$ per	\$
				\$ per	\$
				\$ per	\$
<b>Total \$</b>					

**SCHEDULE 5 / REAL ESTATE OWNED** Please print this page again for additional Real Estate Owned.

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type*	Current Market Value	Mortgage Balance	Lender	Year Acquired	Mortgage Payments (per month)	Percent Owned	Interest Rate	Gross Rental Income (per month)
		\$	\$			\$	%	%	\$
		\$	\$			\$	%	%	\$
		\$	\$			\$	%	%	\$
		\$	\$			\$	%	%	\$
		\$	\$			\$	%	%	\$
		\$	\$			\$	%	%	\$
<b>Totals \$</b>									

\*Enter SFR if single family residence, CRE if commercial real estate, C if condo, D if duplex, T if Triplex, 4+ if four or more units or PUD if planned unit development.

**SCHEDULE 6 / PROFIT SHARING AND PENSION**

Account Holder	Name of Institution	Type of Account	Account Balance	Amount Totally Vested	Loans
			\$	\$	
			\$	\$	
			\$	\$	
<b>Total \$</b>					

**SCHEDULE 7 / INSTALLMENTS, CREDIT LINES AND NOTES**

Name of Creditor	Collateral	Date of Maturity	Repayment Terms	Balance Due
			\$ per	\$
			\$ per	\$
			\$ per	\$
			\$ per	\$
<b>Total \$</b>				

**SCHEDULE 8 / CREDIT ACCOUNTS, BILLS DUE, ALIMONY/CHILD SUPPORT, DAYCARE, ETC.**

Name of Company	Repayment Terms	Balance Due
	\$ per	\$
	\$ per	\$
	\$ per	\$
	\$ per	\$
	\$ per	\$
<b>Total \$</b>		

You certify that the information provided in this statement is true and correct. So long as you owe any sums to SFCU, you agree to give SFCU prompt written notice of any material change in your financial condition and, upon request, you agree to provide SFCU with an updated personal financial statement. SFCU is authorized to retain this personal financial statement whether or not credit is approved and is further authorized to verify your credit and employment history or any other information in this statement. This application does not obligate SFCU to make any loan even if you meet the normal standards SFCU considers in determining whether to approve or deny the application. SFCU is Stanford Federal Credit Union.

Applicant's Signature

Date

Co-Applicant's Signature

Date