COMMUNITY FIRST GUAM FEDERAL CREDIT UNION 238 Archbishop Flores Street, Suite 102 Hagatna, Guam 96910 T (671) 472-8210 : F (671) 477-5522

## **MEMBER BUSINESS LOAN APPLICATION**

DOCUMENTS REQUIRED WITH YOUR APPLICATION (Attach a copy of the following Business documents, where applicable.)    Current Business License	Care of Cordit   GEDA   Other	TYPE OF MEMBER BUSINESS LOAN											
TELL US AROUT YOUR BUSINESS CONTACT REPRESENTATIVE  Contact Transported before a descript from galaxies of the Colders of a descript from galaxies of a descript from galaxies of the Colders of a descript from galaxies of ga	### APPOINT FLOWING TOWN REQUEST    Same	Term Loan	USDA B&I		SBA			Member	rship Nu	ımber			
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TELL US MAD YOUR BUSINESS CONTACT REPRESENTATIVE  Contact Representative Name  Best Phone Contact Number  Limit Address  TELL US ABOUT YOUR BUSINESS  Legs Name of Districts ("Applicant")  DON Name  Type of Business ("Applicant")  Type of Business ("Applicant")  Don SSN  Mailing Address (Street, City, State, 7pg)  Mailing Address (I different from Applicant)  Mailing Address (I different from Appli	Yes   No	Condition Description											
TELL US MAD YOUR BUSINESS CONTACT REPRESENTATIVE  Contact Representative Name  Best Phone Contact Number  Limit Address  TELL US ABOUT YOUR BUSINESS  Legs Name of Districts ("Applicant")  DON Name  Type of Business ("Applicant")  Type of Business ("Applicant")  Don SSN  Mailing Address (Street, City, State, 7pg)  Mailing Address (I different from Applicant)  Mailing Address (I different from Appli	Yes   No	Applicant has legal rights to provide a security in	nterest in the Collate	ral ?		Does t	he Collateral have	e a security	/ lien ag	ainst it	?		
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Cordact Runder  Dest Prione Contact Number  Enal Address  TELL US ABOUT YOUR BUSINESS  Laga Name of Assones ("Applicant")  Don Name  Type of Business / Industry  Moding Address (Street, City, State, Zip) if different from Malling Address.  Runner Strutture (Erbods one)  General Partnership  General Partnership  General Partnership  General Partnership  Modin:  Annual Gross State, City, State, Zip) if different from Malling Address.  Runner Strutture (Erbods one)  General Partnership  General Partnership  Modin:  Name Of State (Prevenues State)  Modin: Name Of State (Prevenues State)  Modin: Name Of Malling Address (Street, City, State, Zip) if different from Malling Address.  Runner Strutture (Erbods one)  General Partnership  General Partnership  Modin: Name Of State (Tele State)  Modin: Name Of State (State)  Runner Strutture (Erbods one)  General Partnership  Runner Strutture (Erbods one)  Runner of Indicate (State)  Modin: Name of Indicate (State)  Runner of Indicate (State)  Runner of Indicate (State)  Business Loane(s)  Runner of Indicate (State)  Runner of Indicate (State)  General Runner of Indicate (State)  State (State)  General Runner of Indicate (State)  State (State)  General Runner of Indicate (State)  State (State)  General Runner of Indicate (State)  Runner of Indicates (	Contract Title		ITACT REPRESE	NTATIVE									
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Legal Name of Business ("Applicant")	Topic Name of Dusiness ("Applicant")   Topic of Resistes / Industry	Best Phone Contact Number				Email	Address						
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Legal Name of Business ("Applicant")	Topic Name of Dusiness ("Applicant")   Topic of Resistes / Industry	TELL US ABOUT YOUR BUSINESS											
DRA Name Type of Business / Industry  Mailing Address (Street, City, State, Zip), if different from Mailing Address.  Business Structure (forks one) Sost Proprietorship Limited Liability Company Sost Proprietorship Outper Annual Gross Sales / Revenues Business Statistical Versity Owned Business No. of Engloyees Business Phone Worth Versity Month Versity Soy Owned Business No. of Engloyees Business Phone  TELL US ABOUT YOUR BUSINESS BANNING RELATIONSHIPS (Attached a separate sheet, if necessary)  Business Depoil Account(s)  Remo of Insensity Institution Account of service Type Belance  Declares Type of Isaas Original Ascount Name of Insensity Institution Account of service Type Belance  DOCUMENTS REQUIRED WITH YOUR APPLICATION (Attach a copy of the following Business documents, where applicable.)  Sole Proprietor  Current Business Ucerse Actives of Incorporation Operating Agreement Operating Ag	DBA Name    Type of Business / Industry							EIN or S	SN				
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TELL US ABOUT YOUR BUSINESS BANKING RELATIONSHIPS (Attached a separate sheet, if necessary)  Business Deposit Account(s)  Name of Financial Institution  Account or service Type  Balance  Business Loan(c)  Name of Lender  Type of Loan  Original Amount  Balance Owing  Interest Rate  Monthly Payment  Maturity Date  DOCUMENTS REQUIRED WITH YOUR APPLICATION (Attach a copy of the following Business documents, where applicable.)  Sole Proprietors  Sole Proprietors  Personal Tax Returns  Last two years' Guam Income Tax Returns, including all schedules.  Corporations, Partnerships, Limited Liability Companies  Business Financial Statements and filed Guam Income Tax Returns, including all applicable schedules for the last two years'  Sole Proprietors  Personal Tax Returns  Schedules for the last two years'  Guam Income Tax Returns, including all applicable schedules, of the owner(s), general partner(s), and/or principal officer(s).  TELL US ABOUT THE PRINCIPAL APPLICANT  All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)  Vour Title  Home Phone  Cell Phone  Cell Phone  Cell Phone  Business Phone  Email Address (if different than Residence Street Address)  Previous Address (if different than Residence Street Address)  Previous Address (if different from Applicant)  Position/Title with Employer  Yrs. with Employer	Business Deposit Account(s)  Name of Financial Institution  Account or service Type  Business Loan(s)  Name of Lander  Type of Loan  Original Amount  Business documents, where applicable.  Sole Proprietors  Personal Tox Beturns - Lost two years' Guarn Income Tax Returns, including all sphicable schedules.  Corporations, Partnerships, Institute for Income Tax Returns, including all applicable schedules of the Corporation of the Owner(s), general partnership, agreement  Operating Agreement  Original Amount  All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle Initial, last)  Percentage of Business You Own  Residence Street Address  Percentage of Business You Own  Business Phone  Email Address (if different from Applicant)  Percentage of Business You Own  Business Phone  Email Address (if different from Applicant)  Name of Financial Statements and Employer  Yrs. with Employer  Monthly Income  Scale Financial  And Critic Returns  Financial  Corporation  Financial  Financial  Corporation  Financial  F	Annual Gross Sales / Revenues Busin	ness Established		Years you Own	ed Busir	iess	No. of E	mploye	es	Busine	ss Phone	
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Business Loan(s)    Name of Lender	Name of Financial Institution    Account or service Type   Balance	TELL US ABOUT YOUR BUSINESS BAN	KING RELATION	SHIPS (Atta	ached a separa	ate she	et, if necessa	ry)					
Business Loan(s)    Name of Lender	Name of Financial Institution    Account or service Type   Balance	Business Deposit Account(s)						-					
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DOCUMENTS REQUIRED WITH YOUR APPLICATION (Attach a copy of the following Business documents, where applicable.)    Current Business License	DOCUMENTS REQUIRED WITH YOUR APPLICATION (Attach a copy of the following Business documents, where applicable.)    Current Business License		T		Outstant Aug		Dalara a Orr		1	D	N. d. a. and la la	D	Manusin Bara
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Current Business License	Sole Proprietors												
Current Business License	Sole Proprietors												
Current Business License	Sole Proprietors	DOCUMENTS REQUIRED WITH YOUR	APPLICATION (/	Attach a co	py of the follo	wing B	usiness docui	ments, v	vhere	applic	able.)		
Current Business License Articles of Incorporation Articles of Incorporation Bylaws Business Financial Records Street Address Operating Agreement Operating Agreement All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)  Percentage of Business You Own Business Phone    Personal Tax Returns   Last two years' Guam Income Tax Returns, including all applicable schedules, schedules for the last two years' Guam Income Tax Returns, including all applicable schedules, of the owner(s), general partner(s), and/or principal officer(s).    TELL US ABOUT THE PRINCIPAL APPLICANT All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)    Your Title	Current Business License									•			
Articles of Incorporation   Corporations, Partnerships, Limited Liability Companies   Bylaws   Business Financial Records - Financial statements and filed Guam Income Tax Returns, including all applicable   schedules for the last two years'.   Operating Agreement   Personal Tax Returns - Last two years' Guam Income Tax Returns, including all applicable schedules, of the owner(s), general partner(s), and/or principal officer(s).      TELL US ABOUT THE PRINCIPAL APPLICANT   All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.   Name (first, middle initial, last)   Your Title   Your Title   Own   Yrs. at this Address   General Street Address   Own   Address (If different than Residence Street Address)   Previous Address (If different than Residence Street Address)   Previous Address (If different from Applicant)   Position/Title with Employer   Yrs. with Emp	Articles of Incorporation   Corporations, Partnerships, Limited Liability Companies   Bylaws   Business Financial Records - Financial statements and filed Guam Income Tax Returns, including all applicable   Schedules for the last two years'. Guam Income Tax Returns, including all applicable schedules, of the owner(s), general partner(s), and/or principal officer(s).    TELLUS ABOUT THE PRINCIPAL APPLICANT   All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.    Name (first, middle initial, last)   Your Title		•		Last two years' Gu	am Inco	me Tay Returns in	ncluding al	l schadi	عمار			
Bylaws   Business Financial Records - Financial statements and filed Guam Income Tax Returns, including all applicable schedules for the last two years'.    Operating Agreement   Personal Tax Returns - Last two years' Guam Income Tax Returns, including all applicable schedules, of the owner(s), general partner(s), and/or principal officer(s).    TELL US ABOUT THE PRINCIPAL APPLICANT   All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.    Name (first, middle initial, last)   Your Title	Bylaws   Business Financial Records - Financial statements and filed Guam Income Tax Returns, including all applicable schedules for the last two years'.  Operating Agreement   Personal Tax Returns - Last two years' Guam Income Tax Returns, including all applicable schedules, of the owner(s), general partner(s), and/or principal officer(s).  TELLUS ABOUT THE PRINCIPAL APPLICANT  All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)   Your Title    Home Phone   Cell Phone   Social Security Number   Date of Birth    Residence Street Address   Date of Birth    Mailing Address (If different than Residence Street Address)    Previous Address (If less than 2 Years at Home Address)    Percentage of Business You Own   Business Phone   Email Address (If different from Applicant)    Name of Employer (If different from Applicant)   Yrs. with Employer    Monthly Income   Salary & Wages   Bonuses & Commissions   Dividends & Interest   Rentals   Other Income   Gross Monthly Income    Salary & Wages   Bonuses & Commissions   Dividends & Interest   Rentals   Other Income   Gross Monthly Income   G		_					icidali ig di	Tocheac	iics.			
Partnership Agreement Operating Agreement Operating Agreement Operating Agreement Operating Agreement Operating Agreement Operating Agreement Of the owner(s), general partner(s), and/or principal officer(s).  ### TELL US ABOUT THE PRINCIPAL APPLICANT  All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)  Home Phone Cell Phone Social Security Number Date of Birth  Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If different than Residence Street Address)  Percentage of Business You Own Business Phone Email Address (If different from Applicant)  Position/Title with Employer Yrs. with Employer	Partnership Agreement   Schedules for the last two years'.   Personal Tax Returns - Last two years' Guam Income Tax Returns, including all applicable schedules, of the owner(s), general partner(s), and/or principal officer(s).    TELL US ABOUT THE PRINCIPAL APPLICANT   All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.    Name (first, middle Initial, last)   Your Title	l —	_ ·	•	• •	•	•	_					
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Corporate Resolution of the owner(s), general partner(s), and/or principal officer(s).  TELL US ABOUT THE PRINCIPAL APPLICANT  All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)  Home Phone  Cell Phone  Social Security Number  Date of Birth  Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Yrs. with Employer	Corporate Resolution of the owner(s), general partner(s), and/or principal officer(s).  TELL US ABOUT THE PRINCIPAL APPLICANT  All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)  Home Phone  Cell Phone  Social Security Number  Date of Birth  Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Yrs. with Employer  Monthly Income  S												
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All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)  Your Title  Home Phone  Cell Phone  Social Security Number  Date of Birth  Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Yrs. with Employer	All owners and percentage of ownership must be listed and complete a Personal Financial Statement. Attach a separate sheet, if necessary.  Name (first, middle initial, last)  Home Phone  Cell Phone  Social Security Number  Date of Birth  Residence Street Address  Mailing Address (if different than Residence Street Address)  Previous Address (if different than Residence Street Address)  Percentage of Business You Own  Business Phone  Email Address (if different from Applicant)  Name of Employer (if different from Applicant)  Monthly Income  Salary & Wages  Bonuses & Commissions  Dividends & Interest  Rentals  Other Income *  Gross Monthly Income	Corporate Resolution	of the o	wner(s), gener	ral partner(s), and/	or princi	pal officer(s).						
Name (first, middle initial, last)  Home Phone  Cell Phone  Social Security Number  Date of Birth  Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Yrs. with Employer	Name (first, middle initial, last)  Home Phone  Cell Phone  Social Security Number  Date of Birth  Residence Street Address  Mailling Address (If different than Residence Street Address)  Previous Address (If different than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Monthly Income  Salary & Wages  Bonuses & Commissions  Dividends & Interest  Rentals  Other Income  Gross Monthly Income	TELL US ABOUT THE PRINCIPAL APPL	CANT										
Home Phone Cell Phone Social Security Number Date of Birth  Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own Business Phone Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Yrs. with Employer	Home Phone  Cell Phone  Social Security Number  Date of Birth  Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Position/Title with Employer  Yrs. with Employer  Monthly Income  Salary & Wages  Bonuses & Commissions  Dividends & Interest  Rentals  Other Income  Total Triple Address  Other Income  Total Triple Address  Total Triple Addres	All owners and percentage of	ownership must be	e listed and c	complete a Perso	nal Find	ancial Statemen	t. Attach	a sepa	rate sh	neet, if n	ecessar	y.
Residence Street Address    Own   Yrs. at this Address     Mailing Address (If different than Residence Street Address)    Previous Address (If less than 2 Years at Home Address)    Percentage of Business You Own   Business Phone   Email Address (If different from Applicant)    Name of Employer (If different from Applicant)   Position/Title with Employer   Yrs. with Employer	Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Monthly Income  \$ Salary & Wages	Name (first, middle initial, last)					Your Title						
Residence Street Address    Own   Yrs. at this Address     Mailing Address (If different than Residence Street Address)    Previous Address (If less than 2 Years at Home Address)    Percentage of Business You Own   Business Phone   Email Address (If different from Applicant)    Name of Employer (If different from Applicant)   Position/Title with Employer   Yrs. with Employer	Residence Street Address  Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Monthly Income  \$ Salary & Wages												
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Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer	Mailing Address (If different than Residence Street Address)  Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Monthly Income  \$												
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Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Yrs. with Employer	Previous Address (If less than 2 Years at Home Address)  Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Monthly Income  \$ + \$ + \$ = \$ = \$										Rent		
Percentage of Business You Own Business Phone Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer Yrs. with Employer	Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Monthly Income  \$ Salary & Wages    Bonuses & Commissions    Dividends & Interest    Rentals    Other Income * Gross Monthly Income	Mailing Address (If different than Residence Str	eet Address)										
Percentage of Business You Own Business Phone Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer Yrs. with Employer	Percentage of Business You Own  Business Phone  Email Address (If different from Applicant)  Name of Employer (If different from Applicant)  Position/Title with Employer  Monthly Income  \$ Salary & Wages    Bonuses & Commissions    Dividends & Interest    Rentals    Other Income * Gross Monthly Income												
Name of Employer (If different from Applicant)  Position/Title with Employer  Yrs. with Employer	Name of Employer (If different from Applicant)  Position/Title with Employer  Yrs. with Employer  Monthly Income  \$ + \$ + \$ + \$ = \$ = \$	Previous Address (If less than 2 Years at Home A	Address)										
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	Monthly Income  \$ + \$ + \$ + \$ + \$ + \$ = \$ Gross Monthly Income	Percentage of Business You Own	Business Phone			Email	Address (If differe	nt from A	oplicant	)			
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Monthly Income	\$ + \$ + \$ + \$ + \$ + \$ + \$ = \$ Salary & Wages Bonuses & Commissions Dividends & Interest Rentals Other Income * Gross Monthly Income	Name of Employer (If different from Applicant)				Positio	on/Title with Empl	loyer				Yrs. wit	:h Employer
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1 '		Monthly Income											
\$ + \$ + \$ + \$ = \$		\$ + \$	+ \$		+ Ś		+ \$		=	Ś			
Salary & Wages Bonuses & Commissions Dividends & Interest Rentals Other Income * Gross Monthly Income		Salary & Wages Bonuses & Commission	ons D	ividends & Inter	est	Rentals		her Income	*	~	Gross I	Monthly In	come
#Allmanu abild support an expense maintaining increased with horizontal states of the first of t	raintority, enno support, or separate maintenance medicine need not to be revealed it you do not wish to have it considered as a basis for repaying this obligation.												

TELL US ABOUT OTHER PRINCIPAL APP	LICANTS							
All owners and percentage of o	vnership must be listed and complete a Perso	nal Financial Statement. Atta	ch a separate sheet, if necessary.					
Name (first, middle initial, last)		Your Title						
Home Phone	Cell Phone	Social Security Number	Date of Birth					
Residence Street Address			Own Yrs. at this Address					
Residence Street Address			Rent Yrs. at this Address					
Mailing Address (If different than Residence Street Address)								
Previous Address (If less than 2 Years at Home Ad	dress)							
		T						
Percentage of Business You Own	Business Phone	Email Address (If different from	ı Applicant)					
Name of Employer (If different from Applicant)		Position/Title with Employer	Yrs. with Employer					
Name of Employer (if unferent from Applicant)		Position, fittle with Employer	113. With Employer					
Monthly Income			- !					
			<u> </u>					
\$ + \$ Salary & Wages Bonuses & Commission	+	Rentals Other Incor	me * Gross Monthly Income					
	e income need not to be revealed if you do not wish	to have it considered as a basis fo	•					
	QUESTIONAIR	)E						
A. Are there any outstanding judge	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	<u>\[ \] \[ \]</u>	Vec No.					
	nkruptcy within the past ten years?		Yes No					
C. Is the Applicant(s) a party to a la								
D. Does the Applicant(s) have any i			Yes					
	•		Yes					
E. Has any officer or agent of Appli								
criminal violation for actions tak		nn 2 □	Voc.					
local of federal law iff the 24 mo	nths preceding the date of application	ווי: 📙	Yes					
IMPORT	ANT INFORMATION ABOUT PROCEDUR	ES FOR OPENING A NEW	ACCOUNT					
			cions to obtain, verify, and record information tha					
			ddress, date of birth, and other information that wil					
allow us to identify you. We may also ask to see yo	our driver's licenes or other identifying documents.							
	SIGNATURES							
5 1 ()								
			ed to herein on his/her behalf and on behalf of the all information and documents submitted are true					
			future, to obtain consumer credit reports in his/he					
	· · · · · · · · · · · · · · · · · · ·	•	g to both the signer(s)s and the Applicant's financia					
condition, and to provide credit bureaus and oth	ners with information about the Credit Union's ex	perience with him/her name(s) a	and the Applicant. The Credit Union will retain this					
Application and any other credit information recei	ved, even if no loan or credit is granted.							
These representations and authorizations extend	not only to the Credit Union, but also to any insure	er of the loan and to any investor	to whom the Credit Union may sell all or any part o					
		-	al information becomes available which would have					
		•	e right to withdraw such approval. This application redit Union. The signer(s) fully understand that it is a					
,	3 ( )		s on the application under the provisions of Title 18					
United States Code, Section 1014.)								
If the Credit Union approves this Application, The	signer(s) and Applicant agrees to abide by all term	s and conditions of all applicable	e agreements for the business credit requested and					
			le agreement will be provided to the Applicant. The					
		• •	it, the Applicant is for secured credit, the Applican est in the collateral, and to meet all conditions of the					
loan approval and/or conditions of the loan agreer	•	,,						
X								
Authorized Signature	Print Name	Title	Date					
X								
Authorized Signature	Print Name	Title	Date					
GUAR	ANTY (All owner(s), members, and /or g	anoral partner(s) must see	malata )					
GOAN			inplete.)					
	Attach a separate sheet,	•						
			ned, jointly and severally, if there are more than one					
	, -	·	on of any and all amounts owed to Community Firs Union, under any or all of the foregoing agreements					
		• • • • • • • • • • • • • • • • • • • •	nsions, increases, modifications, or renewals of sucl					
			y kind whatsoever with respect to the Indebtedness					
and lack of promptness does not waive the making	s of any claim or demand hereunder, (iii) waives not	ice of the existence, creation or in	ncurring of new or additional Indebtedness,					
			ution of any one or more Guarantors, (v) waives and					
			d by Applicant, or pursue any other remedy in Credi en paid in full), and waives any right to enforce an					
		• •	and any right to participate in, any security now o					
,			, (viii) agrees that Credit Union shall have a lien upon					
and a right to setoff against all moneys, securities,	and other property of Guarantor now or hereafter i	n the possession of or on deposit	with the Credit Union,					
	•		lit Union, and (x) agrees to pay all costs incurred by					
-			es. Guarantor hereby agrees that this is a continuing					
satisfied. if this Application is not approved, then t	_	an either continue the indeptedr	ness of from time to time renew it after it has been					
Sign below to acknowledge personal liability	on the account as described above.							
V								
X Guarantor	Print Name		Date					
	Time Name		Dute					
X								
Guarantor	Print Name		Date					
		N 1105						
	FOR CREDIT UNIO	N USE						