

MEMBER BUSINESS LOAN APPLICATION

TYPE OF MEMBER BUSINESS LOAN								
<input type="checkbox"/> Term Loan	<input type="checkbox"/> USDA B&I	<input type="checkbox"/> SBA	Membership Number					
<input type="checkbox"/> Line of Credit	<input type="checkbox"/> GEDA	<input type="checkbox"/> Other _____						
TELL US ABOUT YOUR LOAN REQUEST								
Loan Amount Requested:		Purpose of Loan (describe)						
\$ _____		_____						
Terms Desired: _____		_____						
COLLATERAL TO BE USED AS SECURITY FOR THIS LOAN								
Collateral Description								
Applicant has legal rights to provide a security interest in the Collateral ?			Does the Collateral have a security lien against it ?					
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					
TELL US WHO IS YOUR BUSINESS CONTACT REPRESENTATIVE								
Contact Representative Name			Contact Title					
Best Phone Contact Number		Email Address						
TELL US ABOUT YOUR BUSINESS								
Legal Name of Business ("Applicant")			EIN or SSN					
DBA Name		Type of Business / Industry						
Mailing Address (Street, City, State, Zip)								
Business Address (Street, City, State, Zip), if different from Mailing Address.								
Business Structure (check one)								
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Corporation				
<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Other _____				
The business <input type="checkbox"/> is <input type="checkbox"/> is not a minority-owned or controlled business.			<i>If yes, which category?</i> <input type="checkbox"/> Women <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____					
The business <input type="checkbox"/> is <input type="checkbox"/> is not a women-owned or controlled business.								
The business <input type="checkbox"/> is <input type="checkbox"/> is not a veteran-owned or controlled business.								
Annual Gross Sales / Revenues	When Business Established	NAICS Code	No. of Employees	Business Phone				
\$ _____	Month: _____ Year: _____	_____	_____	_____				
Current number of <i>full-time</i> employees _____		Average hourly salary for <i>full-time</i> employees \$ _____						
Current number of <i>part-time</i> employees _____		Average hourly salary for <i>part-time</i> employees \$ _____						
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(s)								
Name of Lender	Type of Loan	Original Amount	Balance Owning	Interest Rate	Monthly Payment	Maturity Date		
DOCUMENTS REQUIRED WITH YOUR APPLICATION (Attach a copy of the following Business documents, where applicable.)								
<table style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Current Business License <input type="checkbox"/> Recent filed Annual Report <input type="checkbox"/> Corporate Resolution <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Bylaws <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Operating Agreement </td> <td style="width: 70%; vertical-align: top;"> <p style="text-align: center;">Sole Proprietors</p> <input type="checkbox"/> <u>Personal Financial Records</u> - Current Personal Financial Statement and last filed three (3) years' signed Individual Income Tax Returns including all applicable schedules. <p style="text-align: center;">Corporations, Partnerships, Limited Liability Companies</p> <input type="checkbox"/> <u>Business Financial Records</u> - Current Business Financial Statements and last filed three (3) years' signed Corporate Income Tax Returns, including all applicable schedules. <input type="checkbox"/> <u>Individual Tax Returns</u> - Current Personal Financial Statement and last filed three (3) years' signed Income Tax Returns, including all applicable schedules of the owner(s), general partner(s), and/or principal officer(s). </td> </tr> </table>							<input type="checkbox"/> Current Business License <input type="checkbox"/> Recent filed Annual Report <input type="checkbox"/> Corporate Resolution <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Bylaws <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Operating Agreement	<p style="text-align: center;">Sole Proprietors</p> <input type="checkbox"/> <u>Personal Financial Records</u> - Current Personal Financial Statement and last filed three (3) years' signed Individual Income Tax Returns including all applicable schedules. <p style="text-align: center;">Corporations, Partnerships, Limited Liability Companies</p> <input type="checkbox"/> <u>Business Financial Records</u> - Current Business Financial Statements and last filed three (3) years' signed Corporate Income Tax Returns, including all applicable schedules. <input type="checkbox"/> <u>Individual Tax Returns</u> - Current Personal Financial Statement and last filed three (3) years' signed Income Tax Returns, including all applicable schedules of the owner(s), general partner(s), and/or principal officer(s).
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QUESTIONNAIRE								
A. Are there any outstanding judgements against the business ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
B. Is the business currently delinquent or in default on a Federal debt ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
C. Is the business a party to a lawsuit in which potentially may have financial liability ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
D. Has the business declared bankruptcy within the past 10 years ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
E. Does the business have any unpaid local or federal tax liability ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
F. Has any officer or agent of the business been convicted of a felony criminal violation for actions taken on behalf of the business under local or federal law in the 24 months preceding the date of application ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			

