

Business - Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account.
 What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you.

We may also ask to see your driver's license or other identifying documents.

Married Applicants may apply for a separate account.

LOAN REQUEST

Member/Account Number:
 Application Type: New Renewal/Change Other: _____
 Type of Credit:
 Individual/Business Joint (Co-Applicant must individually complete Co-Applicant Information)
 Amount requested: \$ Terms/Maturity:
 Type: Line of Credit Term Loan Credit Card
 Commercial Real Estate Other: _____

Purpose of Loan:

LOAN SECURITY

Collateral Description:
 Value: Liens/Security Interest and State Filed:
 Subject Property Address (street, city, state, and zip):

APPLICANT/INDIVIDUAL INFORMATION

| | | |
|--|---------------------------|-----------|
| BUSINESS/INDIVIDUAL NAME | YEAR BUSINESS ESTABLISHED | STATE |
| DBA NAME(S) | | |
| PRIOR BUSINESS NAME(S) | | |
| CONTACT NAME | TITLE | TELEPHONE |
| TYPE OF ORGANIZATION: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> OTHER: _____ | | |

IF INDIVIDUAL, PROVIDE THE FOLLOWING INFORMATION:

| | | | | |
|------------------|-------------------------------|---------------------------|-----------------|------------------------|
| EMPLOYER NAME: | | EMPLOYER TELEPHONE NUMBER | | |
| SSN/TIN NUMBER | DRIVER'S LICENSE NUMBER/STATE | ISSUANCE DATE | EXPIRATION DATE | DATE OF BIRTH |
| HOME TELEPHONE | WORK TELEPHONE | CELL PHONE | FAX NUMBER | WEB SITE ADDRESS/EMAIL |
| PHYSICAL ADDRESS | | | | |
| MAILING ADDRESS | | | | |

| | |
|---|------------------|
| COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) | ID VERIFICATION: |
|---|------------------|

GUARANTOR/CO-APPLICANT

| | | | |
|---|----------------|-------------------------------|--|
| 1. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE): <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT | | SSN/TIN NUMBER | DATE OF BIRTH |
| NAME | | DRIVER'S LICENSE NUMBER/STATE | ISSUANCE DATE EXPIRATION DATE |
| HOME TELEPHONE | WORK TELEPHONE | CELL PHONE | FAX NUMBER WEB SITE ADDRESS/EMAIL |
| PHYSICAL ADDRESS | | | |
| MAILING ADDRESS | | | |

| | |
|---|------------------|
| COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) | ID VERIFICATION: |
|---|------------------|

| | | | |
|---|----------------|-------------------------------|--|
| 2. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE): <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT | | SSN/TIN NUMBER | DATE OF BIRTH |
| NAME | | DRIVER'S LICENSE NUMBER/STATE | ISSUANCE DATE EXPIRATION DATE |
| HOME TELEPHONE | WORK TELEPHONE | CELL PHONE | FAX NUMBER WEB SITE ADDRESS/EMAIL |
| PHYSICAL ADDRESS | | | |
| MAILING ADDRESS | | | |

| | |
|---|------------------|
| COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) | ID VERIFICATION: |
|---|------------------|

or CHECK IF ADDITIONAL GUARANTOR/CO-APPLICANT INFORMATION ACCOMPANIES THIS APPLICATION.

SOURCES OF INCOME

Important Notice to Individuals

ALIMONY-CHILD SUPPORT: The inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered in evaluating this application.

| GROSS ANNUAL INCOME | APPLICANT | GUARANTOR OR CO-APPLICANT #1 | GUARANTOR OR CO-APPLICANT #2 | TOTAL | SPOUSE (IF APPLICABLE) |
|----------------------------|-----------|------------------------------|------------------------------|-------|------------------------|
| NET SALES | | | | | |
| BASE SALARY | | | | | |
| OVERTIME | | | | | |
| BONUS AND/OR COMMISSIONS | | | | | |
| DIVIDENDS/INTEREST | | | | | |
| NET RENTAL INCOME | | | | | |
| ITEMIZED OTHER: | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| TOTAL ANNUAL INCOME | | | | | |

FINANCIAL INFORMATION

Please include copies of the following checked items as attachments to this application:

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Federal Tax Return For: | <input type="checkbox"/> Balance Sheet for Current Year for: | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) |
| <input type="checkbox"/> Current Year <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Income Statement for Current Year: | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) |
| <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor/Co-Applicant(s) | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) |

Financial Services Accounts Information:

- | | | | | | | | |
|-----------------------------------|-----------------------|-------------------|-------------------------|---------------------------------------|-----------------------|-------------------|-------------------------|
| <input type="checkbox"/> Checking | Account Number: _____ | Balance: \$ _____ | Institution Name: _____ | <input type="checkbox"/> Loan(s) | Account Number: _____ | Balance: \$ _____ | Institution Name: _____ |
| <input type="checkbox"/> Savings | Account Number: _____ | Balance: \$ _____ | Institution Name: _____ | <input type="checkbox"/> Other: _____ | Account Number: _____ | Balance: \$ _____ | Institution Name: _____ |

Check if additional account information accompanies this application.

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X _____
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower, co-applicant(s), and guarantor(s), as appropriate grants to the credit union the authority to use reasonable means to verify application information by requesting credit bureau reports, accessing information about borrower, co-applicant(s), and guarantor(s), as appropriate from other third party information providers, and other means if applicable. Borrower further grants to credit union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. Borrower agrees to pay any fees charged by the credit union for processing this application and other related expenses whether the application is approved or denied. You promise that the credit you are applying for is for a business purpose. By signing below or by using your card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

FOR CREDIT UNION USE ONLY

| | | | | | | | | | |
|--|--|---------------------|-----------|----------------|-------------|-------|-------|-------|-------|
| VERIFICATION COMPLETION DATE | | BY | | | | | | | |
| GOVERNMENT LIST(S) CHECKED: <input type="checkbox"/> TREASURY CIP LIST <input type="checkbox"/> OFAC <input type="checkbox"/> OTHER: | | | | | | | | | |
| LIST VERIFICATION COMPLETION DATE | | BY | | | | | | | |
| DATE | APPROVED DENIED (Adverse Action Notice Sent) | APPROVED LIMITS: | SIGNATURE | LINE OF CREDIT | CREDIT CARD | OTHER | OTHER | OTHER | OTHER |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

LOAN OFFICER COMMENTS:

SIGNATURES:

X _____ **X** _____
DATE DATE