

Business Loan Application



PLEASE PRINT WITH BLACK INK

APPLICATION DATE: _____

APPLICANT INFORMATION – please print clearly

BORROWER: _____ TAX I.D. NUMBER: _____

BUSINESS ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ TITLE: _____ PHONE #: _____

BUSINESS PHONE #: _____ BUSINESS FAX #: _____

YEAR ESTABLISHED: _____ CURRENT OWNERS SINCE: _____ ANNUAL SALES: _____ NUMBER OF LOCATIONS: _____

FORM OF BUSINESS ORGANIZATION: C-CORP S-CORP S-C PARTNERSHIP SOLE PROPRIETOR LLC

NUMBER OF EMPLOYEES: _____ TYPE OF PRODUCT OR SERVICE: _____

WHERE DO YOU PRESENTLY BANK? _____

WHAT IS YOUR AVERAGE CHECKING ACCOUNT BALANCE? _____

LOAN REQUEST – please print clearly

IF PURPOSE OF LOAN IS TO PURCHASE EQUIPMENT, ATTACH COPY OF PURCHASE ORDER OR INVOICE
IF PURPOSE OF LOAN IS TO PURCHASE REAL ESTATE, ATTACH COPY OF REAL ESTATE OFFER OF PURCHASE

AMOUNT REQUESTED: \$ _____ LOAN CLOSING DATE: _____ RENEWED LOAN: YES NO

PURPOSE OF LOAN- DESCRIPTION

AMOUNT

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

COLLATERAL OFFERED: ACCOUNTS RECEIVABLE INVENTORY EQUIPMENT REAL ESTATE CASH OR EQUIVALENT
 PERSONAL _____ OTHER _____

PRINCIPAL OFFICERS (20% OR MORE OWNERSHIP) & GUARANTORS – please print clearly

IF MORE THAN 3 PRINCIPAL OFFICERS, PROVIDE INFORMATION BY ATTACHING 2ND APPLICATION.

1.) NAME: _____ TITLE: _____ DATE OF BIRTH: _____ GUARANTOR

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____

SSN: _____ OWNERSHIP _____ % SPOUSE: _____ SSN: _____

2.) NAME: _____ TITLE: _____ DATE OF BIRTH: _____ GUARANTOR

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____

SSN: _____ OWNERSHIP _____ % SPOUSE: _____ SSN: _____

3.) NAME: _____ TITLE: _____ DATE OF BIRTH: _____ GUARANTOR

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____

SSN: _____ OWNERSHIP _____ % SPOUSE: _____ SSN: _____

FINANCIAL INFORMATION AND SUPPORTING DOCUMENTATION – to be included with application

- BORROWER'S YEAR END FINANCIAL STATEMENTS &/OR TAX RETURNS (PAST 3 YEARS)
- BORROWER'S INTERIM FINANCIAL STATEMENTS (WITHIN 60 DAYS)
- DETAILED SCHEDULE OF ALL INDEBTEDNESS
- PERSONAL FINANCIAL STATEMENTS OF PRINCIPALS (WITH GREATER THAN 20% OWNERSHIP) OR GUARANTORS OR CO-SIGNERS
- COPY OF ARTICLES AND BY LAWS IF BORROWER IS AN ENTITY (NOT APPLICABLE FOR INDIVIDUAL BORROWING)
- ADDITIONAL INFORMATION MAY BE REQUESTED AFTER REVIEW OF THE LOAN APPLICATION

MISCELLANEOUS – please print clearly

COMPANY'S ACCOUNTANT: _____ PHONE #: _____

ADDRESS: _____

COMPANY'S ATTORNEY: _____ PHONE #: _____

ADDRESS: _____

COMPANY'S INSURANCE AGENT: _____ PHONE #: _____

ADDRESS: _____

CERTIFICATIONS

IS THE BUSINESS ENTITY OR ITS PRINCIPALS/GUARANTORS, AN ENDORSER OR CO-MAKER FOR OBLIGATIONS NOT LISTED ON THE FINANCIAL STATEMENTS?

YES NO IF YES, PLEASE ATTACH EXPLANATION

HAS THE BUSINESS ENTITY, OR ITS PRINCIPALS/GUARANTORS EVER BEEN INVOLVED IN ANY BANKRUPTCY PROCEEDINGS?

YES NO IF YES, PLEASE ATTACH EXPLANATION

IS THE BUSINESS ENTITY, OR ITS PRINCIPALS/GUARANTORS INVOLVED IN ANY PENDING LAWSUITS OR HAVE ANY OUTSTANDING JUDGEMENTS AGAINST THEM?

YES NO IF YES, PLEASE ATTACH EXPLANATION

DISCLOSURES

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by Altra Federal Credit Union, the undersigned, jointly and severally, represent that the above statements are true and complete, authorize Altra Federal Credit Union or its agents, to verify them and obtain additional information concerning our credit standing and furnish the same to others, to answer any questions about our credit experience and other financial relationships with Altra Federal Credit Union and agree to the provisions of any rules, regulations or agreements of Altra Federal Credit Union governing such credit. This application is Altra Federal Credit Union property. The undersigned understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements. Under the provisions of Title 18, United States Code Section 1014.

ALL PRINCIPALS ARE REQUIRED TO SIGN THIS CREDIT APPLICATION

SIGNATURE: _____ TITLE: _____ DATE: _____

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SIGNATURE: _____ TITLE: _____ DATE: _____

OFFICE USE ONLY

Appl. Rec'd on _____ Initials _____ Other Information _____