

Business - Expanded 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 Application:
 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): _____
 Collateral Owner (if not borrower): _____
 Legal Description of Subject Property: _____
 Number of Units: _____ Year Built: _____ Assessed Value: _____
 Life Insurance Policy #: _____ Coverage Amount: _____
 Insurance Agent: _____ Telephone Number: _____

APPLICANT/INDIVIDUAL INFORMATION

BUSINESS/INDIVIDUAL NAME		YEAR BUSINESS ESTABLISHED	STATE	
BUSINESS LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE	STATE ISSUED	
NATURE OF BUSINESS		OTHER STATES OPERATING IN		
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		
EMPLOYER ADDRESS		TITLE/GRADE	START DATE	
SSN/TIN/EIN 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 _____ <input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> OTHER				
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:	
<input type="checkbox"/> FRANCHISE INFORMATION				
NAME _____			TELEPHONE NUMBER _____	
ADDRESS _____			CONTACT NAME _____	
OWNERSHIP/COMPANY OFFICER INFORMATION:				
NAME	TITLE	NUMBER OF YEARS	OWNERSHIP PERCENTAGE	SSN/TIN NUMBER

CHECK IF ADDITIONAL OWNERSHIP INFORMATION ACCOMPANIES THIS APPLICATION.

FINANCIAL INFORMATION (continued)

Financial Services Accounts Information:

<input type="checkbox"/> Checking <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor/Co-Applicant(s) ___ Number Attached	<input type="checkbox"/> Checking <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor/Co-Applicant(s) ___ Number Attached
<input type="checkbox"/> Savings <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor/Co-Applicant(s) ___ Number Attached	<input type="checkbox"/> Savings <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor/Co-Applicant(s) ___ Number Attached
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor/Co-Applicant(s) ___ Number Attached	
<input type="checkbox"/> Check if additional account information accompanies this application.	
<input type="checkbox"/> Insurance Coverages (Property, Liability, etc.) Coverage: _____ Policy #: _____ Coverage Amount: _____ Insurance Agent: _____ Telephone Number: _____	
<input type="checkbox"/> Other information (explain or indicate none) <input type="checkbox"/> Active lawsuits or judgments: <input type="checkbox"/> Filed bankruptcy: <input type="checkbox"/> Tax obligations or claims: <input type="checkbox"/> Environmental Impact Assessment Report: Attorney Name: _____ Telephone Number: _____	

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	DATE
SIGNATURE FOR WISCONSIN RESIDENTS ONLY	

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 crime to willfully and deliberately provide incomplete or incorrect information in this application.

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 _____ <input type="checkbox"/> BORROWER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR _____ DATE TITLE: _____	By: X _____ <input type="checkbox"/> BORROWER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR _____ DATE TITLE: _____
By: X _____ <input type="checkbox"/> BORROWER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR _____ DATE TITLE: _____	By: X _____ <input type="checkbox"/> BORROWER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> 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
			\$	\$	\$	\$	\$

LOAN OFFICER COMMENTS:

SIGNATURES:
X _____ **X** _____
 _____ DATE _____ DATE