Fulda Area Credit Union

GROWING TOGETHER • WORKING TOGETHER

LOANLINER®

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:

☐ INDIVIDUAL ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ ASSOCIATION ☐ NON-PROFIT ☐ 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 ☐ OWN ☐ LEASE ☐ OTHER

MAILING ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)

ID VERIFICATION:

☐ 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.

© CUNA MUTUAL GROUP, 2004, 06, ALL RIGHTS RESERVED

GUARANTOR/CO-APPLICANT

1. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE): ☐ GUARANTOR ☐ 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				
GUARANTOR/CO-MAKER ON OTHER LOANS (Lender name, term, and amount)				
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: ☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)			ID VERIFICATION:	
2. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE): ☐ GUARANTOR ☐ 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				
GUARANTOR/CO-MAKER ON OTHER LOANS (Lender name, term, and amount)				
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: ☐ MARRIED ☐ SEPARATED ☐ 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					

CREDITOR INFORMATION

LENDER	PURPOSE	CURRENT BALANCE	MONTHLY PAYMENT	HOW SECURED
☐ CHECK IF ADDITIONAL CREDITOR INFORMATION ACCOMPANIES THIS APPLICATION.	**TOTALS**			

FINANCIAL INFORMATION

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

☐ Federal Tax Return For:
- ☐ Current Year ☐ Other: _____
- ☐ Borrower ☐ Guarantor/Co-Applicant(s)

☐ Balance Sheet for Current Year for: ☐ Borrower ☐ Guarantor/Co-Applicant(s)

☐ Income Statement for Current Year: ☐ Borrower ☐ Guarantor/Co-Applicant(s)

☐ Other: _____ ☐ Borrower ☐ Guarantor/Co-Applicant(s)

☐ Business Plan

☐ Franchise Agreement (if applicable)

Accountant Name:

Address: Telephone:

FINANCIAL INFORMATION (continued)

Financial Services Accounts Information:

☐ Checking
Account Number: Balance: $
Institution Name:

☐ Checking
Account Number: Balance: $
Institution Name:

☐ Savings
Account Number: Balance: $
Institution Name:

☐ Savings
Account Number: Balance: $
Institution Name:

☐ Other:_____
Account Number: Balance: $
Institution Name:

☐ Check if additional account information accompanies this application.

☐ Insurance Coverages (Property, Liability, etc.)
Coverage: Policy #: Coverage Amount:
Insurance Agent: Telephone Number:

☐ Other information (explain or indicate none)

☐ Active lawsuits or judgements:

☐ Filed bankruptcy:

☐ Tax obligations or claims:

☐ 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

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: ☐ TREASURY CIP LIST ☐ OFAC ☐ OTHER:

LIST VERIFICATION COMPLETION DATE BY

DATE			APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	CREDIT CARD	OTHER	OTHER
		APPROVED						
		DENIED (Adverse Action Notice Sent)		$	$	$	$	$

LOAN OFFICER COMMENTS:

SIGNATURES:

X DATE

X DATE