



Each shareholder, partner or member owning 25 percent or more interest in the Business Applicant must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guaranties may be required.

**BUSINESS INFORMATION**

Business Applicant's Name (exact legal name)			DBA (if applicable)	
Taxpayer ID Number	Year Business Established	Years Current Ownership	Years owners have been in this line of business	Annual Sales \$
Business Type: <input type="checkbox"/> <b>INDIVIDUAL</b> <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Sub-S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Individual <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other:				
Description of Business or Service				
Business Contact Name		Business Phone	Business Fax	

**BUSINESS LOCATION (cannot be a P.O. box):**

Street Address	City	State	Zip Code
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**BUSINESS MAILING ADDRESS (if different from above):**

Street Address	City	State	Zip Code
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**LOAN REQUEST**

**LOAN TYPE:**

<input type="checkbox"/> Business Line of Credit	New Line Amount	\$ _____	or increase Line from \$ _____ to \$ _____
<input type="checkbox"/> Term Loan	Amount Requested	\$ _____	Length of Term: _____
For equipment purchase, please provide the purchase price: \$ _____ Also, please include a copy of the purchase order.			
<input type="checkbox"/> Commercial Real Estate Loan*	Amount Requested	\$ _____	Length of Term: _____
Owner Occupied: _____ Investment: _____			
<input type="checkbox"/> SBA Loan	Amount Requested	\$ _____	Length of Term: _____
<input type="checkbox"/> Other	Amount Requested	\$ _____	Length of Term: _____
Description of Other: _____			

**LOAN PURPOSE & COLLATERAL**

What are loan proceeds going to be used for: \_\_\_\_\_

\*Collateral Available: \_\_\_\_\_

\*Loans will be secured by all business assets unless specific assets, acceptable to the Credit Union, are pledged. Please describe fully any such specific assets that you wish to use as collateral. Please note which assets, if any are pledged as collateral for other loans. Please note location of collateral if different than your business location.

**FINANCIAL INFORMATION**

**Business Deposit Accounts**

Financial Institution	Type of Account	Current Balance	Average Balance	Would you like to move the account to SFCU?
		\$ _____	\$ _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____	<input type="checkbox"/> Yes

**Business Debts (List all business debts, including accounts and trade payables. Include existing SFCU debt.)**

To whom payable?	Type of Account (Revolving, Term, etc.)	Balance Owning	Payment	Pay off with proceeds?
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes
		\$ _____	\$ _____ per _____	<input type="checkbox"/> Yes

**RELATED BUSINESS ISSUES**

Has the Applicant or any Guarantor or Co-applicant ever declared bankruptcy?  Yes  No

Is the Business Applicant or any Guarantor or Co-applicant a party to any claim or lawsuit?  Yes  No

Are there any state or federal tax liens filed against the Business Applicant or any Guarantor or Co-applicant?  Yes  No

**Does Business Applicant own or lease occupied building?**  Own  Lease

If you lease, name lessor: \_\_\_\_\_ Is the Business already pledging any assets for a loan or lease?  Yes  No

Years remaining on lease: \_\_\_\_\_ Mailing address of lesser: \_\_\_\_\_

Monthly lease payments, if applicable: \$ \_\_\_\_\_

**OWNERSHIP/MANAGEMENT INFORMATION**

**List all owners of the company**

Name	Social Security #	Title	Percent Ownership	Number of Years in This Line of Business	Monthly Housing Payment
			%		\$ _____
			%		\$ _____
			%		\$ _____
			%		\$ _____

**FINANCIAL STATEMENTS AND TAX RETURNS** Please provide a copy of the company's financial statements or tax returns for the last three years and interim financial statements for the current year. Please also provide guarantors' tax returns for the last three years and updated personal financial statements.

**AUTHORIZATION:** Each Business Applicant and each person or entity signing this Application or an Application Addendum Form ("Signer") certifies that all information provided by the Business Applicant and the Signer is true and complete and authorizes SFCU to 1) obtain credit and employment information about the Business Applicant and Signer; 2) obtain credit reports and make any inquiries SFCU considers appropriate in connection with this application or review of this loan account from time to time; 3) make SFCU experience with this loan account and information about this application available to credit bureaus, other Signers or other persons who have or expect to have financial dealings with the Business Applicant and the Signer; 4) share collection information with Signer's other creditors; and 5) disclose account information as required by law. Each Signer acknowledges that additional information may be required in order to make a final credit decision. Business Applicant also acknowledges receipt of the Equal Credit Disclosures provided with this application.

**REQUIRED SIGNERS:** All signers must also be duly authorized to sign on behalf of applicant. **ACKNOWLEDGEMENT:** EACH SIGNER ACKNOWLEDGES THAT SFCU MAY RELY ON THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO WITH SFCU. EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY SFCU PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ AND UNDERSTOOD THE TERMS OF THIS APPLICATION, INCLUDING ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. SFCU is Stanford Federal Credit Union. Each Shareholder, Partner, or Member owning 25 percent or more interest in the Business Applicant must sign below.

<b>X</b>	_____	_____	_____	_____
Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date	
<b>X</b>	_____	_____	_____	_____
Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date	
<b>X</b>	_____	_____	_____	_____
Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date	
<b>X</b>	_____	_____	_____	_____
Authorized Signature (Borrower/Guarantor)	Print Name	Title	Date	