

MEMBER BUSINESS LOAN APPLICATION

Member's Credit Union:											
LOAN REQUEST INFORMATION											
Application For:	Type of Request: New Renewal/Reaffirmation Increase/Modification										
Business Line of Credit	Loan Amount(s)										
Term/Equipment Loan)	of Loc	oon (Hoo of Dragoods)								
Commercial Mortgage	Purpose of Loan (Use of Proceeds)										
Other											
	Term Requested										
BUSINESS / APPLICANT INFORMATION											
Legal Name of Applicant (Borrower)											
DBA (if applicable)	Tax I.D. Number										
Principal Place of Business Address (not P.O. Box)											
City			tate		Zip Code						
Mailing Address (if different)					Email Address						
City			tate		Zip Code						
Key Contact Name			usiness Telephone		Business Fax						
Date Business Established			tate of Registration		Annual Sales (last full year)						
Describe Applicant's Product / Service					Number of Employees						
Type of Ownership (Select One) General Partnership Limited Partnership Non-Profit Proprietorship C-Corp S-Corp LLC P.A.											
			UARANTORS INFORMA								
Please be certain to list all owners of the company. Additional guarantors who do not have an ownership in the company may be listed provided their relationship to the company and/or owners is clarified. For more than three owners, please attach an additional sheet. OWNER- GUARANTOR 1											
Name	Title			Social Security No.							
Address				Birth D	Date	% Ownership					
OWNER- GUARANTOR 2											
Name	Title			Social Security No.							
Address				Birth D	Date	% Ownership					
OWNER- GUARANTOR 3	I										
Name	Title			Social	Security No.						
Address				Birth D	Date	% Ownership					

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	CREDIT LINION / RANKII	NG REI ATIO	NSHIP	S							
CREDIT UNION / BANKING RELATIONSHIPS Please list only your business accounts (* FOR REQUESTS OVER \$50,000, PLEASE USE THE SCHEDULE OF BUSINESS DEBTS).											
Transplace State S		Business									
Credit Union - Bank	Account Number	Checking	gs Loan*			Current Balance					
0.00.00							\$				
							\$				
							\$				
							\$				
							\$				
OTHER INFORMATION											
Hazard Insurance Company Name/Agent Insurance Agent Telephone											
Triazara modranoc company rvanio, igoni		, management									
Accounting Firm/Accountant		Accountant Telephone									
Business Attorney		Attorney Telephone									
IF YOU ANSWER YES TO ANY OF THE F	FOLLOWING QUESTIONS, PLEAS	E PROVIDE D	ETAILS	ON A	SEPA	RATE	SHEET.				
Does any customer or supplier curren	tly account for more than 20%	of your busin	ness?		Yes		No				
Has the applicant ever declared bankruptcy or had any judgments, repossessions, Yes No garnishments, or other legal proceedings filed against them?											
Has the applicant ever obtained credit under another name?							No				
Are any tax obligations, including pay			Yes		No						
Is the applicant liable on debts not sh liabilities such as leases, endorsemen			Yes		No						
				$\overline{}$	Yes	$\overline{}$	No				
Is the applicant currently a defendant in any suit or legal action? CERTIFICATION AND SIGNATURES No											
Each of the undersigned hereby instructs, consents, and authorizes Aberdeen Federal Credit Union, or any affiliate, subsidiary, or other entity related thereto ("Lender") to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Lender by a commercial entity or which the undersigned is a principal, member, guarantor or other party, (b) thereafter, periodically according to the Lenders credit review and audit procedures, and (c) relating to Lenders review or collection of a loan, account, or other Lender product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party. The Applicant(s), individually and/or by the signature(s) of its authorized representative below, hereby certifies that: the foregoing has been carefully read by the Applicant and is given to Aberdeen Federal Credit Union for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in this Application and any other documents or information submitted in connection with this Application or any other credit request are true and correct statements of the Applicants financial condition and may be treated by the Credit Union as a continuing statement thereof until replaced by a new Application or until the Applicant specifically notifies the Credit Union in writing of any change; and the credit requested herein and any other credit obtained from the Credit Union by the Applicant on the basis of the information contained in this Application shall be used solely for business and commercial purposes. The Applicant and each Guarantor authorize the Credit Union to: verify at any time any information submitted to the Credit Union by or on behalf of the Applicant, its representatives and Guarantors; and exchange such credit information with oth											
Signature (Owner/Guarantor)	Print Name	Title				Date					
Signature (Owner/Guarantor)	Print Name		Title				Date				
Signature (Owner/Guarantor)	Print Name		- Title				Date				