

- Has applicant ever obtained credit under another name? Yes No
- Is applicant liable for debts not shown, including any contingent liabilities such as leases, endorsements, guarantees, etc? Yes No
- Has applicant ever declared bankruptcy or had any judgments, garnishments, repossessions, or other legal proceedings filed against them? Yes No
- Is applicant currently a defendant in any suit or legal action? Yes No
- Are there any tax obligations, including payroll or real estates past due? Yes No
- Does any customer or supplier currently account for more than 20% of your business? Yes No

Signature

The undersigned hereby instructs, consents and authorizes the **Credit Union**, and/or its agent(s), including, but not limited to **Lucro Commercial Solutions, LLC**, to obtain a Business and/or personal credit report and any other information relating to their 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 Credit Union by a commercial entity of which the undersigned is a principal, member guarantor or other party; (b) thereafter, periodically according to the Credit Union's credit review and audit procedures, and (c) relating to Credit Union's review or collection of a loan, account, or other Credit Union product or service made or extended to a commercial entity or which the undersigned is a principal, member, guarantor, or other party.

The undersigned certify everything stated on the front and back of this Member Business Credit Application and Personal Financial Statement and any other documents or information submitted in connection with this application true, accurate, and complete. The undersigned understands that the Credit Union will retain this Member Business Credit Application. The undersigned hereby authorizes Credit Union to verify at any time any information submitted to the Credit Union by or on behalf of the undersigned, obtain further information concerning the credit standing of the undersigned, including without limitation, credit and the exchange of credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to the Credit Union. The undersigned authorizes the Credit Union to consider this Member Business Credit Application and any other documents or information submitted with this application as a continuing statement of the financial condition until replaced by new financial information or until the undersigned specifically notifies the Credit Union in writing of any change in such financial condition.

Owners/Guarantor Information Section

Owner/Guarantator Information

Full Legal Name	Social Security #	D.O.B	% of Ownership	Phone Number		
Home Address	City	State	Zip	Cell Phone Number		
Employer Name	Employer Phone #		Date Started	Months at	Residence Type <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Pymt
Employer Address	City	State	Zip	Months at	Occupation	
Monthly Salary	Total Monthly Income		Net Worth			
Owner's Signature X _____			Date			

Owner/Guarantator Information

Full Legal Name	Social Security #	D.O.B	% of Ownership	Phone Number		
Home Address	City	State	Zip	Cell Phone Number		
Employer Name	Employer Phone #		Date Started	Months at	Residence Type <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Pymt
Employer Address	City	State	Zip	Months at	Occupation	
Monthly Salary	Total Monthly Income		Net Worth			
Owner's Signature X _____			Date			

If more than two, please use "Extra Owners Page" and attach.

Amount Requested: \$ _____ Term Requested: _____
Loan Purpose: _____

Application for:
 Business Term Loan
 Commercial Real Estate Loan
 Business Line of Credit
 Credit Card
 Other: _____

Collateral Description: _____ Market Value: _____
 1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____

Member Business Information

Legal Name of Member (Borrower)			
DBA (if Applicable)			Tax I.D. Number
Principal Place of Business Address (not P.O. Box)			
City	State	Country	Zip
Mailing Address (if different)			
City	State	Zip	
Primary Contact Name		Business Telephone	Business Fax
Date Business Established	# of years under current ownership	State of Registration	Annual Sales \$
Describe Products/Services			Current Number of Employees
Type of Ownership (Select One) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Professional Association <input type="checkbox"/> C- Corp. <input type="checkbox"/> S- Corp. <input type="checkbox"/> LLC			E-Mail Address
Does applicant have any open deposits or loan accounts with Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Account Number with Credit Union	

Account Disclosures

Name of Institution or Broker	Type of Account	Account Number	When Opened	Current Balance
Current Loans: Name of Lender	Type of Loan	Collateral Description	Amount of Monthly Payment	Current Balance

Additional Information

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In order to expedite this application and serve you better, it may be necessary for us and/or our agents to contact your accountant and/or insurance agent for additional personal or business information. Please indicate below your authorization by checking the boxes and providing the contact information.

Accountant/CPA Name: _____ Phone #: _____
 Insurance agency Name: _____ Phone #: _____