



consumers
credit union

Business Loan Request OVER \$50,000 Checklist

All Requests

- Business credit application, complete with signature and date
- Personal financial statement for each owner with a 20% ownership, complete and signed
- Three (3) years personal tax returns with all schedules for each owner with 20% ownership
- Three (3) years business tax returns with all statement notes and schedules
- Business financial statement/federal tax returns for all other entities with a 20% or greater ownership interest
- Interim year to date profit and loss and balance sheet

Business Real Estate

- Purchase agreement
- Most recent property tax notice if available

Vehicle & Equipment Loans

- Detailed purchase agreement or Invoice for equipment or vehicle to be purchased.
(Year, make, model, options, mileage and/or hours used)
- Detailed equipment list with year make, model, options, mileage and/or hours used

Lines of Credit

- Account receivable and account payable agings (90 days out)



P.O. Box 525
 Oshtemo, MI 49077-0525
 toll-free 800.991.2221
 web www.consumerscu.org

BUSINESS CREDIT/ONLINE BANKING APPLICATION

To process this application, all requested information must be provided.

New Request
 Modification
 ACH – Debit
 ACH – Credit
 RDC Limit
 Online Wire Transfers

CREDIT REQUESTED							
Amount \$	Term of Credit	Loan Type	Purpose of Credit				
SECTION I – BUSINESS / APPLICANT INFORMATION							
Name of Applicant (Business Name or Last Name)			First Name (If Individual)			Tax ID Number or SSN	
DBA (If applicable)		Business Start Date _____	How Long Under Current Owner? _____		#Employees _____		
Type or Nature of your Business							
Company Physical Address				City		State	Zip Code
Company Mailing Address (If different)				City		State	Zip Code
Business Phone Number ()		Fax Number ()		Cell Phone Number ()		E-mail Address	
Types of Products / Services you offer							
Gross Annual Sales \$			Annual Net Profit \$				
Business Structure:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> S <input type="checkbox"/> C Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> PLLC	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> An Association	
SECTION II – ONLINE BANKING / BUSINESS PAYMENTS							
Please complete for services being requested:							
Type				Daily Amount Requested		Monthly Amount Requested	
My Payments - ACH Credits I.e.: Payroll, Business to Business credits, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No				\$		\$	
My Payments - ACH Debits I.e.: Collecting payments, receiving funds, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No				\$		\$	
My Payments - Online Domestic Wire Transfers <input type="checkbox"/> Yes <input type="checkbox"/> No				\$		N/A	
My Deposits - Business Remote Deposit Capture <input type="checkbox"/> Yes <input type="checkbox"/> No				\$		N/A	
SECTION III – COLLATERAL							
<input type="checkbox"/> Description:						\$	
SECTION IV – ATTACH RECENT COMPANY PREPARED BALANCE SHEET AND INCOME STATEMENT							

SECTION V – COMPANY OWNERS OR GUARANTORS IF APPLICABLE; OTHERWISE, COMPANY OFFICERS

Owner or Guarantor Name	Title	Percent Ownership
		%
		%
		%

SECTION VI – OUTSTANDING BUSINESS LOANS & LEASES – Use Additional Sheet if Necessary

Lender	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral
	\$		\$	%		\$	
	\$		\$	%		\$	
	\$		\$	%		\$	

SECTION VII – OTHER INFORMATION

Has the business or any principal/owner ever declared bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?
Is the business or any principal/owner a party to any lien or lawsuit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, who?
Has the business incurred a loss in any of the past three (3) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any delinquent state or federal taxes owed by the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how much? \$
Has the business changed names in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Former Name:

SECTION VIII – BUSINESS DEPOSIT RELATIONSHIP

Credit Union / Bank	Checking	Savings	Other	Balance
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$

Consumers Credit Union may obtain information from others concerning applicant's credit and trade standing and other relevant information impacting this application and provide to others information about its transactions and experiences with applicant. In addition to the information requested on this application, Consumers Credit Union may subsequently request additional information from applicant. For Business Credit Card Account applicants: I agree that I will be bound by all of the terms and conditions governing the charge card account, a copy of which will be delivered to me with my card(s).

SIGNATURE

I/we, the undersigned, attest that I/we are authorized to act on behalf of this company, group, association or organization with respect to the services requested within this application. I/we represent that the information contained in and accompanying this application is true and correct to the best of my knowledge.

Authorized Signature (must be officer of company)	Printed Name	Title	Date
Authorized Signature (must be officer of company)	Printed Name	Title	Date
Authorized Signature (must be officer of company)	Printed Name	Title	Date
Authorized Signature (must be officer of company)	Printed Name	Title	Date

PERSONAL FINANCIAL STATEMENT

As of: _____



P.O. Box 525
Oshtemo, MI 49077-0525
toll-free 800.991.2221
web www.consumerscu.org

Name:	SS#	Date of Birth:
Name:	SS#	Date of Birth:
Residence Address:		
Business Address:		
Home Phone:	Email:	
Business Phone:		

The following is submitted for the purpose of procuring, establishing and maintaining credit with lender. The undersigned or persons, forms, or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in lender's favor. The undersigned warrants that this financial statement is true and correct until a written notice of changes is given by the undersigned.

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED, USE NO, OR NONE WHERE APPLICABLE

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash & Personal Bank Accounts - Schedule A	\$ -	Notes Payable to Banks Secured	
U.S. Govt and Marketable Securities - Schedule B		Notes Payable to Banks Unsecured	
Non-Marketable Securities - Schedule C		Credit Cards	
IRA & Pension		Amounts Payable to Others	
Net Worth of Business % Owned		(Specify Asset)	
Partial Interest in Real Estate Equities - Schedule D		Real Estate Mortgages - Schedule D	
Real Estate Owned - Schedule E		Real Estate Mortgages - Schedule E	
Loans Receivable		Unpaid Taxes	
Automobiles		Auto Loans and Leases	
Personal Property			
Cash Value of Life Insurance Carried - Schedule F			
Other Assets - Itemize			
		TOTAL LIABILITIES	
		NET WORTH (N/W)	
TOTAL ASSETS		TOTAL LIABILITIES AND N/W	
ANNUAL SOURCES OF INCOME		CONTINGENT LIABILITIES	
Annual Salary		Do you have any contingent liabilities?	
Bonus & Commissions (Annualized)		If yes, give details:	
Dividends & Interest (Annualized)		As endorser, co-maker, or guarantor	
Net Rents & Royalties (Annualized)		attach schedule	
Other income		Legal claims?	
TOTAL		Other?	
PERSONAL INFORMATION		MISCELLANEOUS INFORMATION	
Do you have a will?		Are you a defendant in any suit or legal action?	
Are you a partner or officer in another venture?		Amount of contested income tax liens.	
Are any assets listed above in a trust?			
Are you a trustee of any trust?			
Do you have any assets in any type of trust?		Have you or your business ever declared bankruptcy?	
		Explain:	

SCHEDULE A - PERSONAL BANK ACCOUNTS

Financial Institution	City	Address	Account #	Total Balances

SCHEDULE B - U.S. GOVERNMENT AND MARKETABLE SECURITIES

# Shares or Face Value (Bonds)	Description	In the Name of:	Market Value

SCHEDULE C - NON MARKETABLE SECURITIES, IRAs and US SAVINGS BONDS

Description of Securities	# of Shares Owned	Book Value for Financial Statement Dated:	# Shares Outstanding	Total Market Value

SCHEDULE D - PARTIAL INTEREST IN REAL ESTATE EQUITIES

Location of Property	% of Ownership	Cost or Market Value	Year of Purchase	Monthly Payment	Mortgage Balance	Mortgage Lender

SCHEDULE E - REAL ESTATE OWNED

Description of Property or Address	Date Acquired	Monthly Payment	Title in the Name of:	Purchase Price	Market Value	Mortgage Amount	Maturity

SCHEDULE F - LIFE INSURANCE CARRIED (specify Term, Whole, Universal Insurance)

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

You confirm that this application is given to us for the purpose of obtaining credit from time to time; you have read it and it is true and complete; and you authorize us to obtain information from others concerning your credit standing and other relevant information impacting this application and to provide to others information about our transactions and experiences with you.

Signature _____ Date: _____ Signature _____ Date: _____

(Use additional schedules as necessary)