



MEMBER BUSINESS LOAN INQUIRY

APPLICANT INFORMATION:

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Home Cell Work

Alternate Phone Number: _____

Home Cell Work

Federal Tax Number TIN/SSN: _____

PROPOSED LOAN TERMS:

Desired Loan Amount: _____

Desired Loan Term: _____

Purpose of Loan: _____

PROPOSED GUARANTOR:

Please note, you may be asked to provide information for additional guarantor(s) or copies of guarantor(s) individual financial statement(s), federal tax return(s), and/or share account statement(s).

Guarantor Name: _____

Guarantor Address: _____

Relationship to Guarantor: _____

Guarantor Name: _____

Guarantor Address: _____

Relationship to Guarantor: _____

For Credit Union Use:

Received By: _____ Date: _____

In Person

By Mail

By SIGNiX/Digital



INFORMATION REGARDING YOUR BUSINESS:

Official Legal Name: _____

DBA Name (if any): _____

Type of Organization:

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit C-Corporation | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Profit S-Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Limited Liability Partnership | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Professional Limited Liability Company | |
| <input type="checkbox"/> Other, please specify: | | |

If applicable, please attach copies of:

- Articles of Incorporation (*for a Corporation*), Certificate of Partnership (*for a Partnership*) or the equivalent certificate (*for a Limited Liability Corporation*)
- Operating Agreement (*for a Limited Liability Corporation*)
- Partnership Agreement

State of Organization: _____

Qualified to do business in the following states: _____

Trade styles or other names under which you do or have done business: _____

If type of organization is an individual, sole proprietorship, or trust, provide the name(s) and address(es) of owner(s) primary residence(s): _____

Registered assumed business name filings, furnish copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable: _____

Principal Place of Business:

- Same as applicant street address
- Different address, please specify:

Location of Accounting/Financial Records:

- Same as applicant street address
- Different address, please specify:

