

COMMERCIAL/BUSINESS LOAN APPLICATION PACKAGE

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REAL ESTATE & COMMERCIAL LENDING
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MEMBER BUSINESS LOAN APPLICATION

MEMBER BUSINESS INFORMATION:

Name of Borrower or Company Name Address

Business Phone Number Business Fax Number E-Mail Address

Nature of Business Date Business Established Current Owner Since

Type of Business

- Individual
- Sole Proprietor
- Partnership
- Corporation
- LLC
- LLP
- Non Profit
- Trust

Tax Identification Number State of Incorporation / Formation / Registration

Business Accounts At	Account Number	Type of Account	Current Balance
			\$
			\$
			\$
			\$

(Please provide a Personal Financial Statement for each owner or principal)

- Yes No Does the business or its principals have a pending application at another financial institution?
- Yes No Is the business or its principals an endorser, guarantor, or co-maker for another?
- Yes No Has the business or its principals ever been declared bankrupt?
- Yes No Are there any unsatisfied judgments against the business or its principals?
- Yes No Does the business or its principals owe any taxes for years prior to this year?
- Yes No Is the business or its principals involved in any claim or lawsuit?
- Yes No Are any assets pledged or mortgaged other than those stated on the Business and Personal Financial Statements submitted with this application?
- Yes No Other obligations or disclosures not mentioned above?

Additional Details Section: _____

CREDIT REQUEST INFORMATION

Credit requested is for the following purpose

- Purchase
- Refinance
- Expansion
- Working Capital
- Flooring
- Overdraft Protection
- Other: _____

Type of collateral offered to secure the proposed member business loan

- Improved Real Estate
- Land
- Equipment
- Titled Vehicle
- Other: _____

Brief Description: _____





Type of credit requested

- Real Estate Loan Term Loan Single Payment Loan Line of Credit Letter of Credit
- Other: _____ Construction Loan MVFCU Business Credit Card (currently not available)

Amount of credit requested \$ _____

Brief explanation of use _____

Automatic Loan Payment Yes No

MVFCU Account Number

Type of Account

Preferred Payment Date

STATEMENT / AGREEMENT / SIGNATURES

STATEMENT

- Each signer below certifies that they are authorized to sign on behalf of the business related to this application
- Each signer submits and certifies that the information contained in this application and any other supplemental documents and Personal Financial Statements are full, true and correct statements as of the date stated.
- In conjunction with this application, each signer / owner / principal authorizes the Matanuska Valley Federal Credit Union to verify any information given or obtain a business or personal credit report(s) for the purposes of granting new credit or the extension, modification, renewal, or collection of existing credit.

AGREEMENT

- Each signer / owner / principal of the business agrees to individually and severable guarantee payment to the Credit Union for the credit requested. {Certain non-profit organizations do not require personal guarantees}
- Each signer / owner / principal agrees to notify the Credit Union immediately in writing of any unfavorable material change in the financial condition of the business or their personal financial position. It is also agreed that upon application of further credit, this statement and any other supplemental documents and Personal Financial Statements, shall have the same force and effect as if delivered as an original statement at the time further credit is requested.

SIGNATURES

Name	Signature	Title	Date

FINANCIAL ATTACHEMENTS

- Personal Financial Statement {Owners / Principals}
- Personal Tax Returns {Last 3 years, full copies}
- Current Balance Sheet and Profit and Loss Statement
- Business Tax Returns {Last 3 years, full copies}
- Business Tax Returns {Last 3 years, full copies}
- Business Plan for new or expanded operations
- Other
- Other

OTHER ATTACHMENTS {WHEN APPLICABLE}

- Articles of incorporation or organization with By-laws
- Copy of Business License(s)
- Copy of corporate minutes adopting request for credit
- Legal descriptions or property tax cards
- Schedule of business debts and assets
- Aged accounts receivable and accounts payable list
- Other
- Other



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Borrower's Signature

Date of Birth

Borrower's Signature

Date of Birth

Mailing Address

Physical Address

I hereby grant permission to MATANUSKA VALLEY FEDERAL CREDIT UNION (MVFCU) to obtain any and all information deemed necessary to process my real estate or mortgage loan application. This information includes, but is not limited to, my present and past employment status, my deposit accounts, my present and past consumer credit record and my mortgage and/or rent payment records.

I also authorize my creditors and employers to release to any credit bureau and/or to any employee or representative of the MVFCU telephonically, as well as in writing, any information they may require, including data on my current and previous credit history, employment and income.

I also grant permission to accept a photographic copy of this form containing my signature to obtain or provide any information regarding the items mentioned above.

Borrower's Signature

Social Security Number

Co-Borrower's Signature

Social Security Number

EQUAL CREDIT OPPORTUNITY ACT

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (with certain limited exceptions); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning MVFCU is the:

NATIONAL CREDIT UNION ADMINISTRATION (NCUA)
Office of Examination and Insurance
Alexandria, VA 22314-3428

FINANCIAL STATEMENT

AMOUNT REQUESTED		REPAY NO. OF MONTHS	PURPOSE OF LOAN			No. OF YEARS AT PHYSICAL ADDRESS	
APPLICANT		LAST NAME	FIRST NAME	MIDDLE INITIAL	ACCT NO.		
E-MAIL ADDRESS		CELL PHONE	HOME PHONE		WORK PHONE		
PHYSICAL ADDRESS		CITY	STATE		ZIP CODE	<input type="checkbox"/> DOWN <input type="checkbox"/> RENT	
MAILING ADDRESS		CITY	STATE		ZIP CODE		
CO-APPLICANT		LAST NAME	FIRST NAME	MIDDLE INITIAL	ACCT NO.		
E-MAIL ADDRESS		CELL PHONE	HOME PHONE		WORK PHONE		

SOURCE OF INCOME

Alimony, child support, or public assistance Income need not be revealed if you do not want it considered for this loan application.

Applicant Gross Monthly Salary	\$	
Co-Applicant Gross Monthly Salary		
Bonus and Commissions		
Net Monthly Real Estate Income		
Dividends		
Other Income (Please Itemize)		
TOTAL INCOME	\$	

PERSONAL INFORMATION: APPLICANT

CURRENT EMPLOYER		NUMBER OF YEARS
CURRENT OCCUPATION		NO. OF DEPENDENTS
SOC. SEC. NUMBER	DATE OF BIRTH	
PREVIOUS ADDRESS	NUMBER OF YEARS	
FORMER EMPLOYER	OCCUPATION	NUMBER OF YEARS

PERSONAL INFORMATION: CO-APPLICANT

CURRENT EMPLOYER		NUMBER OF YEARS
CURRENT OCCUPATION		NO. OF DEPENDENTS
SOC. SEC. NUMBER	DATE OF BIRTH	
PREVIOUS ADDRESS	NUMBER OF YEARS	
FORMER EMPLOYER	OCCUPATION	NUMBER OF YEARS

PERSONAL FINANCIAL SUMMARY

(Complete worksheet on back FIRST, then transfer total amounts to this summary)

ASSETS	CURRENT VALUES (omit cents)
Cash in MVFCU Account(s)	\$
Cash in other Financial Institutions	
Other Cash on hand	
Ret. Accts./Sec./Stocks/ Bonds (worksheet box 1)	
Mortgages/Contracts Owned (worksheet box 2)	
Real Estate Owned (worksheet box 3)	
Insurance Cash Value (worksheet box 5a)	
Accounts and Notes Receivable	
Automobiles Year Model	
1.	
2.	
3.	
Personal Property (estimated value)	
Other Assets	
1.	
2.	
TOTAL ASSETS	\$

LIABILITIES	MONTHLY PAYMENTS	BALANCES (omit cents)
Notes Payable to MVFCU	\$	\$
Notes Payable to other banks		
Notes Payable to relatives		
Notes payable to others		
Rent (if applicable)		
Real Estate Owed (worksheet boxes 4)		
Life Ins. Loans (worksheet box 5b)		
Credit Card Debt (worksheet box 6)		
Other Misc. Debt (worksheet box 7)		
Accounts and Bills Payable		
Taxes Payable/Accrued Taxes		
TOTAL MONTHLY PAYMENTS	\$	\$
TOTAL LIABILITIES (Total Owing)	\$	
NET WORTH (Total Assets-Total Liabilities)	\$	
TOTAL LIABILITIES + NET WORTH	\$	

1. Yes No Are you relying on Property located in a Community Property State for this application?
2. Yes No Are you relying on your Co-Applicant's income for this application?
3. Yes No Are you a cosigner or guarantor for another?
4. Yes No Have you ever been adjudicated bankrupt?
5. Yes No Is there any unsatisfied judgment against you or tax liens against your property?
6. Yes No Are you a defendant in any suit or legal action?

If the answer to questions 3 - 6 are Yes, please provide details on a separate sheet.

READ BEFORE SIGNING

For the purpose of procuring and maintaining credit, in any form whatsoever, with MVFCU from time to time, the undersigned submits the foregoing and following statement and information contained on both pages of this statement both written and printed and including supplemental statements as being a full, true and correct statement of my financial condition on the date stated. The undersigned agrees to notify MVFCU in writing of any materially unfavorable change in my financial condition, and in the absence of such notice, or of a new and full written statement, this may be considered as a continuing statement and substantially correct; and it is hereby expressly agreed that upon application for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time such further credit is requested. Verification may be obtained from any source named in this application and from any credit reporting agency. I understand that MVFCU will keep this application whether or not it is approved. CAUTION: It is a federal crime to give false information or forge a document to induce a federal credit union to grant a loan (title 18 Sec. 1014 of the U.S. Code).

Date Applicant Signature

Date Co-Applicant Signature

ASSETS AND LIABILITIES WORKSHEET

Fill in the worksheet as completely as possible. The TOTAL blocks that will be transferred to the front are numbered and referenced on the front for your convenience. If you have any questions, please don't hesitate to call 907-745-4891 or 694-4891, Monday through Friday between 10:00 a.m. and 6:00 p.m. You may also wish to visit the MVFCU commercial website at www.mvfcu.com for more information.

SCHEDULE A: RETIREMENT ACCOUNTS, SECURITIES, STOCKS AND BONDS OWNED

NO. OF SHARES OR PAR VALUE	DESCRIPTION OF SECURITIES, STOCKS AND BONDS, BOTH LISTED AND UNLISTED	REGISTERED IN THE NAME OF	MARKET PRICE	TOTAL MARKET VALUE
			\$	\$
TOTAL RETIREMENT ACCOUNTS, SECURITIES, STOCKS AND BONDS OWNED				¹ \$

SCHEDULE B: MORTGAGES OR CONTRACTS OWNED

(Mortgages/Contracts that you receive payments on)

DESCRIPTION OF PROPERTY	NAME OF DEBTOR	MONTHLY PAYMENTS	AMOUNT PAST DUE	ORIGINAL BALANCE	PRESENT BALANCE
		\$	\$	\$	\$
TOTAL MORTGAGES OR CONTRACTS OWNED					² \$

SCHEDULE C: REAL ESTATE OWNED/OWED

Unless otherwise noted, titles stand in name of:

DESCRIPTION OF PROPERTY/ IMPROVEMENTS (PHYSICAL ADDRESS/LEGAL DESCRIPTION)	YEAR ACQUIRED	MONTHLY RENTAL INCOME (IF ANY)	LAND AND BUILDINGS VALUE	TO WHOM INDEBTED (IF APPLICABLE)	MONTHLY PAYMENT	CURRENT BALANCE
		\$	\$		\$	\$
TOTAL REAL ESTATE OWNED				³ \$	TOTAL R. E. OWED	
				^{4a} \$	^{4b} \$	

SCHEDULE D: LIFE INSURANCE CARRIED

NAME OF INSURANCE COMPANY	POLICY AMOUNT	NAME OF BENEFICIARY	CASH SURRENDER VALUE	LOANS AGAINST POLICY
			\$	\$
TOTAL LIFE INSURANCE CARRIED			^{5a} \$	^{5b} \$

SCHEDULE E: CREDIT CARD DEBT

NAME AND CITY/STATE OF CREDIT CARD COMPANY	CREDIT CARD COMPANY PHONE NUMBER	CREDIT LIMIT	CURRENT VALUE	MINIMUM MONTHLY PAYMENT
		\$	\$	\$
TOTAL CREDIT CARD DEBT			⁶ \$	\$

SCHEDULE F: OTHER MISCELLANEOUS DEBT OR OTHER CREDIT REFERENCES

NAME AND CITY/STATE OF CREDIT ISSUER	COMPANY/LENDER PHONE NUMBER	CREDIT LIMIT	CURRENT VALUE	MINIMUM MONTHLY PAYMENT
		\$	\$	\$
TOTAL OTHER MISCELLANEOUS DEBT			⁷ \$	\$



SCHEDULE OF BUSINESS DEBT

Company Name _____ Date _____

Creditor	Collateral Description	Original Balance	Current Balance	Note Date	Maturity Date	Interest Rate	Monthly Payment
		\$	\$			%	\$
TOTAL		\$	\$				\$

SCHEDULE OF BUSINESS ASSETS

Description of Asset	Date of Acquisition	Original Purchase Price	Current Market Value
		\$	\$
TOTAL		\$	\$

Authorized Signers _____ / _____ / _____

