

Business Loan Application

CREDIT REQUESTED								
Amount Requested	Term of Credit Requested	Date	Loan Type				Initials required for joint application Applicant Only	
Purpose of Credit Request			Equipment	t 🗌 Real Es	state 🗌 (Other	☐ Joint with Co-Applicant	
APPLICANT INFORMATION:								
			Name (if individual) SSN/TIN#					
Assumed Business Names (if Any) Filing Dates				Filing Locations		DBA Name		
Street Address			City	ST			Zip Code	
Mailing Address			City	ST			Zip Code	
Principal Office Address (if not listed above)			City	ST			Zip Code	
State of Organization Ownershi	ip Structure □ Sole Proprietor □ Partne □ Joint Proprietor □ Trust		Corporation ofessional Associat	☐ C Corption ☐ Limite	poration ed Liability Corp	poration (LLC)	☐ Non-Profit Organization ☐ Other	
SCHEDULE OF COLLATERAL O	OFFERED BY THIS APPLICANT	,	_	,				
Description		Value	Total Liens	Ownership S Applicant	tatus for T	his	Creditor Name	
		\$	\$	Purchase Presently Refinance	Owned			
		\$	\$	Purchase Presently Refinance	Owned			
SCHEDULE OF ASSETS								
Description				Valu	ie		Subject to Debt	
				\$				
				\$				
				\$				
			Total:	\$				
			Total.	*				
SCHEDULE OF LIABILITIES								
Description				Тур	e	1	Current Balance	
Secon priori				71	-	\$		
						\$		
						\$		
						\$		
					Total:	\$		
FINANCIAL AND INCOME STAT	EMENT SUMMARY							
Total Liabilities: \$ Total Ann				ual Income: ual Expenses ual Cash Flov	: \$			

RELATED BUSINESS ISSUES						
Are Devicell Income and December Toylor and		□ Na Caman				
Are Payroll, Income, and Property Taxes current?						
Is Business Applicant or any Guarantor or Co-Applicant a party to any claim or lawsuit?						
Are there any state or federal tax liens against the Business Applicant or any Guarantor or Co-Applicant?						
Does the Business Applicant have any conti	ngent habilities?	Yes □ No C	omment:			
AUTHORIZED SIGNERS FOR THIS APPLIC	CANT					
Name		Title	Authorized	SSN#	Ownership %	
Street Address		City	ST	Zip Code	Phone	
Name		Title	A Alb a sima al	SSN#	Our anabia 0/	
Name		Title	Authorized	33N #	Ownership %	
Street Address		City	ST	Zip Code	Phone	
Name		Title	Authorized	SSN#	Ownership %	
Street Address		City	ST	Zip Code	Phone	
APPLICANT CIONATURES						
APPLICANT SIGNATURES						
I/We hereby apply for the loan or credit descri	ihed in this application or	hehalf of the applicant hus	singes IMMa cartify that I	Ma mada no micrantaca	entation in this loan	
application or in any related documents, that			•			
securing the loan or credit will not be used fo						
credit, either directly or through any agency						
experiences or transactions with my/our acco						
or credit is granted. These representations as						
or any part of the loan. I/We further authorize						
my/our application, credit or loan. Signing be	low authorizes my/our Ac	countant or Tax Preparer to	send taxes and other ii	nancial information direc	try to the Lender.	
I/We will promptly notify Lender of any subse	auant ahangaa which wa	uld affact the accuracy of th	in anniination, and will a	rovida all dagumanta and	information that Landar	
decides necessary to complete this application						
I/We represent I/we are duly authorized to sign	n on behalf of Applicant.	In addition, I/we by signing	below authorizes the Le	nder to check my/our ind	lividual credit account,	
employment history, and credit report.						
Signed thisday of	, 20					
Print Name:	Title:		Signature	:		
			Dv.			
			Бу			
			Ву:			
			Ву:			
Ple	ase provide the fo	llowing documents	with this loan ap	plication:		
	acc provide the le	mouning accountance	with the loan ap	piroutioni		
Last 3 years business tax returns			Business Formation Do	cuments:		
Last 3 years business financial statements			Copy of Articles of Inco			
Most current interim financial statement			Copy of By-Laws (non-	profit corporation or orga	nization)	
Personal Financial Statements for each owner		•	Copy of Operating Agre	, ,		
Last 3 years personal tax returns for each ow			Copy of Certificate of F	, ,		
Additional information may be needed depending on the specific credit request. Copy of Partnership Agreement (partnership)						
FOR LENDER'S USE ONLY						
Branch	Date Received	Decision Date		Applicant Notification D	ate	
Decision:				•		
☐ Approved ☐ Denied	□ Incomplete		Conditional Approval		Other	
DI	SCLOSURE OR RIGHT 1	O REQUEST SPECIFIC R	REASONS FOR CREDIT	DENIAL		
If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact						
Verity Credit Union Attn: Business Services, P.O. Box 75974, Seattle, WA 98175, within 60 days from the date you are notified of our decision. We will send you a written						
statement of reasons for the denial within 30 days of receiving your request for the statement.						
Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex						
marital status, handicap or age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derived from any						
public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The agency that administers compliance with this law is:						
, and an						
Federal Trade Commission - Northwest Region						
2806 Federal Building						
915 Second Ave						
Seattle, WA 98174						
Pursuant to the Equal Credit Opportunity Act, income from alimony, child support, or maintenance payment need not be revealed if you do not choose to disclose such						
income in our evaluation of your credit worthiness.						
··· · · · · · · · · · · · · · · · · ·						

Business Loan Application



Each shareholder, partner, or member owning 20 percent or more interest in the Business must sign a personal guaranty. A minimum of one guarantor is required regardless of percent ownership. Additional guaranties may be required.

Notice: 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 (provided the applicant has the capacity to enter into a binding contract); 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 this creditor is the Federal Trade Commission, Customer Assistance Unit, 915 2nd Ave Ste 2896, Seattle, WA 98174.

Appraisal Notice

Notice: If you are applying for financing on a 1-4 family residence, you have the right to a copy of the appraisal required in connection with your application for credit. Verity Credit Union will provide a copy promptly upon its completion or no later than thirty (30) days after you withdraw your application. Acknowledgment of receipt: **Borrower Signature** Date

DATA	A COLLECTION FORM
INFORMATION FOR GO	OVERNMENT MONITORING PURPOSES
Borrower Name(s):	Lender:
	Verity Credit Union
	Date:
Property Address:	

Are you purchasing, refinancing or improving a Dwelling, and applying individually? If yes, continue.

(Entities: Corporations, LLC's, Partnerships, Etc. - Not Applicable)

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain **types of loans related to a dwelling** in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, **please provide BOTH ethnicity and race**. You may select more than one designation for "Race". If you do not furnish the information, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below

Applicant(s) Complete Information for Government Monitoring Purposes on the last page				
TO BE COMPLTED BY INTERVIEWER	iast haße			
Applicant information was provided:	Co-Applicant information was provided:			
☐ In a face-to-face interview	☐ In a face-to-face interview			
☐ In a telephone interview	☐ In a telephone interview			
☐ By the applicant and submitted by fax or mail	\square By the applicant and submitted by fax or mail			
☐ By the applicant and submitted via e-mail or the internet	$\hfill \square$ By the applicant and submitted via e-mail or the internet			
Interviewer:	Name and Address of Interviewer's Employer:			
Interviewer's Phone Number				
Applicant:	Co-Applicant			
Ethnicity: Check one or more	Ethnicity: Check one or more			
☐ Hispanic or Latino	☐ Hispanic or Latino			
☐ Mexican	☐ Mexican			
☐ Puerto Rican	☐ Puerto Rican			
□ Cuban	□ Cuban			
☐ Other Hispanic or Latino – Print origin, for example, Argentinean, Columbian,	☐ Other Hispanic or Latino – Print origin, for example, Argentinean, Columbian,			
Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:	Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:			
□ Not Hispanic or Latino	□ Not Hispanic or Latino			
☐ I do not wish to provide this information	☐ I do not wish to provide this information			
·	·			
Race: Check one or more	Race: Check one or more			
☐ American Indian or Alaska Native – Print name of enrolled principal here:	☐ American Indian or Alaska Native – Print name of enrolled principal here:			
☐ Asian	☐ Asian			
☐ Asian Indian	☐ Asian Indian			
☐ Chinese	☐ Chinese			
☐ Filipino	☐ Filipino			
□ Japanese	□ Japanese			
☐ Korean	☐ Korean			
□ Vietnamese	☐ Vietnamese			
☐ Other Asian – Print race, for example, Hmong, Laottan, Thai, Pakistani,	☐ Other Asian – Print race, for example, Hmong, Laottan, Thai, Pakistani,			
Cambodian and so on:	Cambodian and so on:			
□ Black or African American	□ Black or African American			
□ Native Hawaiian or Other Pacific Islander	☐ Native Hawaiian or Other Pacific Islander			
□ Native Hawaiian	□ Native Hawaiian			
☐ Guamanian or Chamorro	☐ Guamanian or Chamorro			
□ Samoan	□ Samoan			
☐ Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on:	☐ Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on:			
□ White	□ White			
☐ I do not wish to provide this information	☐ I do not wish to provide this information			
Lat do not wish to provide this information	□ 1 do not wish to provide this information			
Sex:	Sex:			
□ Female	□ Female			
□ Male	□ Male			
☐ I do not wish to provide this information	☐ I do not wish to provide this information			