



Thank you for considering your Credit Union for your business borrowing needs. Your Credit Union will be utilizing the services of Cooperative Business Services, LLC ("CBS") to process, underwrite, and service your member business loan. In order for your Credit Union to provide a timely response to your business loan request, please complete the attached forms and return them directly to CBS or your Credit Union.

**MEMBER BUSINESS INFORMATION**

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Date Business Started \_\_\_\_\_

Nature of Business \_\_\_\_\_ Federal Tax ID No. \_\_\_\_\_

Business Type:  Corporation  S-Corporation  Partnership  LLC  LLP  Sole Proprietor

Current Financial Institution \_\_\_\_\_

Insurance Agency Name \_\_\_\_\_ Insurance Agency Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Principal Name \_\_\_\_\_ Officer Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Principal Name \_\_\_\_\_ Officer Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Principal Name \_\_\_\_\_ Officer Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Principal Name \_\_\_\_\_ Officer Title \_\_\_\_\_ Ownership % \_\_\_\_\_

**GUARANTOR INFORMATION**

Guarantor Name \_\_\_\_\_

Guarantor Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_



Are you current on all federal, state, and county taxes, including but not limited to payroll, sales tax, workman's compensation, etc.? If not, please explain. \_\_\_\_\_

Are you current on all real estate and intangible property taxes? If not, please explain. \_\_\_\_\_

Note: Any person that holds 20% or more ownership is required to complete a separate background form

**LOAN REQUEST INFORMATION**

Amount Needed \_\_\_\_\_ Initial Term \_\_\_\_\_

Use of Proceeds \_\_\_\_\_

Collateral Description \_\_\_\_\_

Lien Position Available \_\_\_\_\_ Refinance:  Yes  No

If loan request is a refinance, do you have a prepayment penalty?  Yes  No

**LOAN REQUEST INFORMATION**

Business income tax returns for the last three years if organized as a Corporation, Partnership, or Limited Liability Company (signed and completed copies)

Personal tax returns for the last three years for each owner of the company (signed and complete copies)

Business financial statements for the last three years, if available

Most recent interim financial statements

Projections for the next two years (if requested by your credit union)

Completion of business debt schedule form

Completion of personal financial statement for each owner of the company

Submission of organizational documents as applicable

**NOTICE**

Cooperative Business Services, LLC ("CBS") complies with Section 326 of the Patriot Act, which requires CBS to obtain, verify, and record information that identifies each applicant for financing. CBS complies with the FACT Act, and other similar laws, which allow each applicant to opt out of information sharing for marketing purposes. CBS also complies with the Equal Credit Opportunity Act ("ECOA"), which prohibits creditors from discriminating against credit applicants on basis of race, color, religion, national origin, sex, marital status, age, receipt of public assistance, or exercise of legal rights, including the good faith exercise of any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

**NATIONAL CREDIT UNION ADMINISTRATION REGIONAL DIRECTOR, REGION III,**  
 Suite1600, 7000 Central Parkway, Atlanta, Georgia 30328

If Applicant is a sole proprietor or general partner, sign below: -OR-

If Applicant is an entity, such as a corporation or limited liability company, sign below:

Signature: \_\_\_\_\_

Print Entity Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_ 20\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner and each general partner, or (3) each stockholder and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name: \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address: \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Business Name of Applicant/Borrower: \_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

ASSETS	(Omit cents)	LIABILITIES	(Omit cents)
Cash on Hand & in Banks		<b>Accounts Payable</b>	
Savings Accounts		Notes Payable to Banks and Others	
IRA or Other Retirement Accounts		(Describe in Section 2)	
Accounts & Notes Receivable		Installment Account (Auto)	
Life Insurance-Cash Surrender Value Only		Monthly Payments	
(Complete Section 8)		Installment Account (Other)	
Stocks and Bonds		Monthly Payments	
(Describe in Section 3)		Loan on Life Insurance	
Real Estate		Mortgages on Real Estate	
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value		Unpaid Taxes	
Other Personal Property		(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	
Other Assets		(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	
		Net Worth	
<b>Total</b>		<b>Total</b>	

Section 1. Sources of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgements
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

**Description of Other Income in Section 1.**

**Section 2. Notes Payable to Bank and Others** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Name and Address of Note Holder(s)	Original Balance	Current Balance	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address of Property			
Name of Property Owner			
Date Purchased			
Original Cost			
Present Market Value			
Name of Lender			
Loan Number			
Loan Balance			
Amount of Payment per Month			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance and beneficiaries.)

I authorize the lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I also authorize the lender to pull a personal credit bureau report. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements on an SBA loan application may result in forfeiture of benefits, a fine up to \$10,000, or imprisonment for not more than five years, or both, under 18 U.S.C. 1001. FALSE statements on a conventional loan application may result in fines and imprisonment under relevant Federal and State laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Print Name: \_\_\_\_\_



**Schedule of Business Debt**

List Below All Business Fixed Debt, Lines of Credit, Shareholder's Notes and Capital Leases

Application Name \_\_\_\_\_

As of Month Ending \_\_\_\_\_

Creditor	Original Date	Original Balance	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current or Delinquent
				%				
				%				
				%				
				%				
				%				
				%				
				%				
				%				
				%				
<b>Total</b>								

I declare under penalty of perjury that these statements are true and correct.

If Applicant is a sole proprietor or general partner, sign below:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

-OR-

If Applicant is an entity, such as a corporation or limited liability company, sign below:

Print Entity Name: \_\_\_\_\_

By: \_\_\_\_\_

Signature  
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Print Title: \_\_\_\_\_