



# BUSINESS LOAN APPLICATION

Legal Name of Business Applicant		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation	
DBA or Trade Name (if different)		Year Business Established	Current Owner Since
Nature of Business		# Locations	# Employees
Business Location (Street, City, Zip Code)		Business Telephone ( )	Business FAX
Mailing Address (if different)		Federal Tax ID Number	
E-Mail Address	Web Site Address	Total Loan Amount Requested \$ _____	
Are you applying for credit from any other source? <input type="checkbox"/> YES <input type="checkbox"/> NO		Loan Purpose:	
If yes, from where?		Requested Amount:	
Do you currently have a relationship with Coast Central Credit Union?		Collateral Value:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		___ Purchase Fixed Assets      \$ _____      \$ _____	
If not, how were you referred to Coast Central Credit Union?		___ Inventory / Receivables      \$ _____      \$ _____	
<input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Loan Broker <input type="checkbox"/> _____		___ Purchase Real Estate      \$ _____      \$ _____	
What will be your Primary Source of Repayment?		___ Leasehold Improvements      \$ _____      \$ _____	
		___ Real Estate Construction      \$ _____      \$ _____	
		___ Debt Restructuring      \$ _____      \$ _____	
		___ Other _____      \$ _____      \$ _____	
What will be your Secondary Source of Repayment?			

PRINCIPALS / OWNERS (Please provide a Personal Financial Statement for each name listed below.)					
Name	Ownership	Title	Name	Ownership	Title
	%			%	
	%			%	
	%			%	

FINANCIAL RELATIONSHIPS (Please list only your business accounts.)							
Financial Institution	Account Number	Business			Current Balance	For Credit Union Use	
		Checking	Savings	Loan		Ave. Bal. Product	Code
					\$	\$	
					\$	\$	

BUSINESS / TRADE REFERENCES (Please list your major suppliers or references.)			
Name	Address	Name of Contact	Phone Number

COMPETITION (Please list the names of your major competition and business lines in which they compete)			
Name	Business Line	Name	Business Line

MISCELLANEOUS (Please provide details below if you answer YES to any of the following questions.)		
Is the business a party to any claim or lawsuit? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has the business ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the business an endorser, guarantor, or co-maker for obligations not listed on its financial statements? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any delinquent FICA or Sales Taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO	Chapter _____ Date of Filing _____	If YES, please indicate Total contingent liability.      \$ _____
Are Accounts Receivable or Inventory currently pledged as collateral? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the business owe any taxes for years prior to the current year? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, amount \$ _____	DETAILS:

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. The undersigned authorizes Coast Central Credit Union to make such inquiries and gather such information as the Credit Union deems necessary and reasonable concerning any information provided to the Credit Union on this Application or on any such required document, including inquiries to the Internal Revenue Service. The undersigned, further, agrees to notify the Credit Union promptly of any material change in any such information.

SIGNATURE (APPLICANT)	TITLE	DATE
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EXHIBIT A

IMPORTANT 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 Coast Central Credit Union is the Comptroller of the Currency, Consumer Examinations Division, Washington, D.C. 20219

## FINANCIAL DOCUMENT CHECKLIST

**Please provide the following documentation with your completed and signed loan application:**

- BUSINESS INCOME TAX RETURNS FOR THE MOST RECENT THREE YEARS:
- BUSINESS FISCAL YEAR-END FINANCIAL STATEMENTS (including Balance Sheet and Profit & Loss Statement) FOR THE MOST RECENT YEARS:
- MOST CURRENT INTERIM BUSINESS PROFIT AND LOSS STATEMENT
- CURRENT PERSONAL FINANCIAL STATEMENTS FROM ALL PRINCIPALS OF THE BUSINESS (dated within three months)
- PERSONAL TAX RETURNS FOR THE MOST RECENT THREE YEARS FROM ALL PRINCIPALS OF THE BUSINESS (please include all applicable schedules, including Schedule K1(s) for Partnership Interests)
- PARTNERSHIP AGREEMENT (for Partnership)
- ARTICLES OF INCORPORATION (for Corporation)
- ARTICLES OF ASSOCIATION (for LLC)
- FICTITIOUS NAME STATEMENT (if applicable)
- NON PROFIT ORGANIZATION ADDENDUM (for Non Profits)
- COPY OF PURCHASE ORDER AND COST BREAKDOWN, IF FUNDS ARE TO BE USED TO PURCHASE FIXED ASSETS (equipment, vehicles, fixtures, etc.)
- FOR NEW BUSINESS MEMBERS: BUSINESS HISTORY / BUSINESS PLAN / RESUME OF KEY PERSONNEL

**IF THIS LOAN IS TO BE SECURED BY REAL ESTATE, PLEASE INCLUDE:**

- FOR INCOME PROPERTY: COPIES OF LEASES; AND, IF HELD IN SEPARATE PARTNERSHIP OR CORPORATION, 2 YEARS TAX RETURNS
- FOR PURCHASE MONEY TRANSACTIONS: COPY OF DEPOSIT RECEIPT AND PROJECTED RENTAL INCOME/EXPENSES
- FOR REFINANCE OF SECOND MORTGAGES: COMPLETED AND SIGNED "VERIFICATION OF MORTGAGE" FORM

**IF THIS LOAN IS FOR REAL ESTATE CONSTRUCTION, PLEASE INCLUDE:**

- PLANS, DESCRIPTION OF MATERIALS, AND COST BREAKDOWN
- CONTRACTOR UNDERWRITING PACKAGE (Financial Statement, Resume, References) IF CONTRACTOR HAS NOT BEEN PREVIOUSLY APPROVED BY COAST CENTRAL CREDIT UNION

***Please contact the Business Services Dept. at (707) 443-1138 x317 with any questions you may have regarding this information, the loan process, or Coast Central Credit Union in general. Thank you for selecting Coast Central Credit Union for your borrowing needs. We look forward to assisting you with your loan request.***

### EXHIBIT B

IMPORTANT NOTICE: 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 write to Coast Central Credit Union, 2650 Harrison Avenue, Eureka, CA 95501, or call (800) 974-9727 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.



## PERSONAL FINANCIAL STATEMENT

**IMPORTANT: Read these directions before completing the Statement.**

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all sections, providing information in Section 2 about the person upon whose alimony, support or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1 and 3.

To: COAST CENTRAL CREDIT UNION

SECTION 1—INDIVIDUAL INFORMATION (TYPE OR PRINT)				SECTION 2—OTHER PARTY INFORMATION			
Name				Name			
Residential Address				Residential Address			
City, State & Zip				City, State & Zip			
Social Security Number		--	--	Social Security Number		--	--
Date of Birth		/	/	Date of Birth		/	/
Position or Occupation				Position or Occupation			
Business Name				Business Name			
Business Address				Business Address			
City, State & Zip				City, State & Zip			
H Phone	( ) -	Bus Phone	( ) -	H Phone	( ) -	Bus Phone	( ) -

SECTION 3—STATEMENT OF FINANCIAL CONDITION:			AS OF: (DATE) _____ / _____ / _____		
ASSETS		IN DOLLARS	LIABILITIES		IN DOLLARS
(Do not include assets of doubtful value)		(Omit cents)	(Omit cents)		(Omit cents)
Cash with Coast Central Credit Union - Sched A			Revolving debt outstanding		
Cash on hand and in Other Fin Inst - Sched A			Unpaid income tax		
U.S. Gov't./Marketable Securities - Schedule B			Other unpaid taxes and interest		
Cash Value-Life Insurance—Schedule C			Notes Payable (other than real estate)--Sched F		
Real Estate Owned—Schedule D			Real Estate Mortgages Payable—Schedule D		
Notes / Loans Receivable			Vehicle/RV loans		
Retirement Accounts / IRAs			Other Debts—itemize		
Vehicles and RVs					
Equipment					
Non-marketable Securities—Schedule E					
Personal Property			<b>TOTAL LIABILITIES</b>		
Other Assets—itemize			<b>NET WORTH</b> (Total Assets minus Total Liabilities)		
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITIES AND NET WORTH</b>		

SOURCES OF INCOME FOR THE YEAR ENDED _____		PERSONAL INFORMATION	
Salary, Bonuses and Commissions	\$ _____	Do you have a will? _____ If so, name of executor.	
Dividends	\$ _____	Are you a partner or officer in any other venture? If so, describe.	
Real Estate Income	\$ _____	Are you obligated to pay alimony, child support or separate maintenance payments? _____ If so, describe.	
Other Income (Alimony, child support, or separate maintenance. Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)	\$ _____	Are any assets pledged other than as described on schedules? _____ If so, describe.	
<b>TOTAL INCOME</b>	\$ _____	Income tax settled through (date) _____	

Do you have any contingent liabilities? If so, describe. _____ _____	Are you a defendant in any suits or legal actions? _____
As endorser, co-maker or guarantor? \$ _____	Personal bank accounts carried at: _____
On leases or contracts? \$ _____	Have you ever been declared bankrupt? _____ If so, describe on separate sheet.
Legal claims / other special debt \$ _____	Are any of your assets held in a Trust? _____ If so, please describe, and provide a copy of the Trust Declaration Page. _____
Amount of contested income tax liens \$ _____	_____

PLEASE COMPLETE SCHEDULES BELOW (attach separate sheet if needed)

**SCHEDULE A—CASH DEPOSIT ACCOUNTS**

ACCOUNT TITLE	FINANCIAL INSTITUTION	ACCOUNT TYPE	AVERAGE BALANCE	ACCOUNT TITLE	FINANCIAL INSTITUTION	ACCOUNT TYPE	AVERAGE BALANCE
			\$				\$
			\$				\$

**SCHEDULE B—U.S. GOVERNMENT AND MARKETABLE SECURITIES**

NUMBER OF SHARES OR FACE VALUE (BONDS)	DESCRIPTION	IN NAME OF	ARE THESE PLEDGED?	MARKET VALUE
				\$
				\$
				\$

**SCHEDULE C—LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE**

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT OF POLICY	LOANS ON POLICY	CASH SURRENDER VALUE
			\$	\$	\$
			\$	\$	\$

**SCHEDULE D—REAL ESTATE OWNED**

ADDRESS & TYPE OF PROPERTY	TITLE IN NAME OF	DATE ACQUIRED	PERCENT OWNERSHIP	AMOUNTS BASED ON % OF OWNERSHIP INTEREST			
				ORIGINAL COST	MARKET VALUE	MORT. AMOUNT	PMT. AMOUNT
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$

**SCHEDULE E—NON-MARKETABLE SECURITIES**

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	ARE THESE PLEDGED?	SOURCE OF VALUE	VALUE
					\$
					\$

**SCHEDULE F—NOTES PAYABLE (OTHER THAN REAL ESTATE)**

NAME & ADDRESS OF LENDER	SECURED/UNSECURED?	ORIGINAL DATE	HIGH CREDIT	CURRENT BALANCE	PMT AMT
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**SCHEDULE G—BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED**

NAME & ADDRESS OF LENDER	CREDIT IN THE NAME OF	SECURED / UNSEC?	ORIGINAL DATE	HIGH CREDIT	CURRENT BALANCE	PMT AMT
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

THE INFORMATION CONTAINED IN THIS STATEMENT IS PROVIDED FOR THE PURPOSE OF OBTAINING OR MAINTAINING CREDIT WITH YOU ON BEHALF OF THE UNDERSIGNED, OR PERSONS, FIRMS OR CORPORATIONS IN WHOSE BEHALF THE UNDERSIGNED MAY EITHER SEVERALLY OR JOINTLY WITH OTHERS, EXECUTE A GUARANTY IN YOUR FAVOR. EACH UNDERSIGNED UNDERSTANDS THAT YOU ARE RELYING ON THE INFORMATION PROVIDED HEREIN (INCLUDING THE DESIGNATION MADE AS TO OWNERSHIP OF PROPERTY) IN DECIDING TO GRANT OR CONTINUE CREDIT. EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT YOU MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS GIVEN TO YOU BY THE UNDERSIGNED. YOU ARE AUTHORIZED TO MAKE ALL INQUIRIES YOU DEEM NECESSARY TO VERIFY THAT ACCURACY OF THE STATEMENTS MADE HEREIN, AND TO DETERMINE MY/OUR CREDITWORTHINESS. YOU ARE AUTHORIZED TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCES WITH ME/US.

\_\_\_\_\_  
Signature (Individual)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature (Other Party)

\_\_\_\_\_  
Dated