

COMPANY INFORMATION

Legal Name of Business Applicant:			Federal Tax ID:	
DBA or Trade Name (if different):				
Street Address:		City:	State:	Zip:
Mailing Address (if different):		City:	State:	Zip:
Primary Contact:		Title:		
Business PH:	Home PH:	Cell PH:		
Name of Preceding Business(es) if changed within the last five years:				
Type of Organization:				
Sole Proprietorship	Corporation	Limited Liability Corp.	General Partnership	
S-Corporation	Limited Partnership	Limited Liability Partnership	Other	
Industry/Business Type:				
Manufacturing	Wholesale	Retail	Service	Other:
Date Established:		Number of Employees:		
Description of Business:				
Email Address:				
Is Your Business a Franchise?	Yes	No	Affiliate/Subsidiary:	
If yes, please provide a copy of the Franchise Agreement, Franchiser's FTC Disclosure Statement and Franchiser's Financial Statement.				

BUSINESS ACCOUNTS

Financial Institution Name	Phone Number	Account Type	Account	Balance
				\$
				\$
				\$

BUSINESS INDEBTEDNESS (Attach additional sheet if necessary)

To Whom Payable	Original Amount	Original Date	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Collateral Pledged
	\$		\$	\$			
	\$		\$	\$			
	\$		\$	\$			

LOAN REQUEST INFORMATION

Use of Requested Loan	Requested Amount	Use of Requested Loan	Requested Amount
Equipment/Vehicles	\$	Real Estate	\$
Line of Credit	\$	Other (please List)	\$

OTHER INFORMATION

Business Accountant:	Business Attorney:
Business Insurance Agent:	

OWNERSHIP MANAGEMENT INFORMATION (List all owners of applicant and affiliates/subsidiaries)

Owner #1		Owner #2		Owner #3	
Name <small>(First, MI, Last):</small>		Name <small>(First, MI, Last):</small>		Name <small>(First, MI, Last):</small>	
Soc Sec #		Soc Sec #		Soc Sec #	
DOB		DOB		DOB	
Title	% Ownership	Title	% Ownership	Title	% Ownership
Home Address		Home Address		Home Address	
City		City		City	
State	Zip	State	Zip	State	Zip:

OWNERSHIP MANAGEMENT QUESTIONNAIRE**YES*****NO**

Have any owners, managers, guarantors, officers presently been charged under indictment, on parole or on probation?

Have any of the above ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?

Have any of the above ever been convicted of any criminal offense other than a minor motor vehicle violation?

Has your business or have any principals of the business been involved in a bankruptcy or insolvency proceeding?

Is your business or are any principals of the business currently involved in any pending judgements, claims or lawsuits?

*If you answered yes to any of the above, please furnish details on a separate sheet.

CERTIFICATION AND SIGNATURE

The undersigned certifies that all statements in this Loan Application and on each of the documents submitted with the application are true and complete. The undersigned further agrees to notify Harbor Pointe Credit Union of any material changes in the information provided.

				By initialing here, each applicant certifies
Signature	Title	Date	Initials	
Signature	Title	Date	Initials	
Signature	Title	Date	Initials	

CREDIT UNION USE ONLY

Date	CU Employee	Teller #
Business Owner #1 Verification	Business Owner #2 Verification	Business Owner #3 Verification
Type of ID:	Type of ID:	Type of ID:
CB EF/CS	CB EF/CS	CB EF/CS