



TELL US ABOUT YOUR BUSINESS

Business Applicant's Name (Exact Legal Name):		DBA (If applicable):		
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TIN:	Years Established:	Years Current Ownership:	Years owners have been in this line of business:	Annual Sales:
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Business Type:

<input type="checkbox"/> Individual:	<input type="checkbox"/> Corporation:	<input type="checkbox"/> Partnership:	<input type="checkbox"/> Other:
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Sub-S Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Individual	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Organization
	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other: _____

Description of Business or Service:

Business Contact Name:	Business Phone:	Second Phone:
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Business Location (cannot be a P.O. Box):

Street Address:

City:

State:

Zip Code:

Business Mailing Address (if different from above):

Street Address:

City:

State:

Zip Code:

TELL US WHAT TYPE OF LOAN YOU ARE APPLYING FOR

LOAN TYPE:

<input type="checkbox"/> Line of Credit	Amount Requested: \$ _____
<input type="checkbox"/> Term Loan	Amount Requested: \$ _____
<input type="checkbox"/> CML RE Loan	Amount Requested: \$ _____
<input type="checkbox"/> SBA Loan	Amount Requested: \$ _____
<input type="checkbox"/> Other:	Amount Requested: \$ _____



TELL US ABOUT YOUR COLLATERAL

What are loan proceeds going to be used for:

*Collateral Available: _____

** Loans will be secured by all business assets unless specific assets, acceptable to the Credit Union, are pledged. Please describe fully any such specific assets that you wish to use as collateral. Please note which assets, if any are pledged as collateral for other loans. Please note location of collateral if different than your business location.*

TELL US ABOUT YOUR OTHER BANKING RELATIONSHIPS

Business Deposit Accounts:

Financial Institution	Type of Account	Current Balance	Move to KCFCU?

Business Debts (List all business debts, including accounts and trade payables):

To whom payable:	Type of Account	Balance Owning	Payoff with proceeds?

TELL US ABOUT ANY BUSINESS ISSUES

Has the Applicant or any Guarantor or Co-Applicant ever declared bankruptcy? Yes No

Is the Business Applicant or any Guarantor or Co-Applicant a party to any claim/lawsuit? Yes No

Any state/federal tax liens filed against the Business Applicant/Guarantor/Co-Applicant? Yes No

Does Business Applicant own or lease occupied building? Own Lease

If you lease, name of lessor: _____

Years remaining on lease: _____

Monthly lease payments (if applicable): \$ _____

Is the Business already pledging any assets for a loan or lease? Yes No



TELL US ABOUT WHO OWNS AND RUNS YOUR BUSINESS

List all owners of the company:

Name: _____
Address: _____
SSN: _____
Title: _____
Percent Ownership: _____
Number of years in this line of Business: _____

Name: _____
Address: _____
SSN: _____
Title: _____
Percent Ownership: _____
Number of years in this line of Business: _____

Name: _____
Address: _____
SSN: _____
Title: _____
Percent Ownership: _____
Number of years in this line of Business: _____

Name: _____
Address: _____
SSN: _____
Title: _____
Percent Ownership: _____
Number of years in this line of Business: _____

Name: _____
Address: _____
SSN: _____
Title: _____
Percent Ownership: _____
Number of years in this line of Business: _____



FINANCIAL STATEMENTS AND TAX RETURNS: Please provide a signed copy of the company's financial statements or tax returns for the last three years and interim financial statements for the current year. Please also provide Guarantor's signed tax returns for the last three years and updated personal financial statements.

AUTHORIZATION: Each Business Applicant and each person or entity signing this Application or an Application Addendum Form ("Signer") certifies that all information provided by the Business Applicant and the Signer is true and complete and authorizes Kellogg Community Credit Union ("Credit Union") to 1) obtain credit and employment information about the Business Applicant and Signer; 2) obtain credit reports and make any inquiries Credit Union considers appropriate in connection with this application or review of this loan account from time to time. Each Signer acknowledges that additional information may be required in order to make a final credit decision.

NOTE: If the business applicant is a corporation or a limited liability company, this application must be signed by the president or chairman of the board or any vice president and one of the following: secretary, assistant secretary, chief financial officer or assistant treasurer. If the business applicant is a partnership, this application must be signed by all general partners. If the business applicant is a sole proprietorship, this application must be signed by the owner. If the business applicant is an unincorporated association, this application must be signed by all authorized members. If the business applicant is the trustee under a trust agreement, this application must be signed by all trustees. Each person signing this application must indicate the capacity in which he/she is signing in the space labeled "title".

REQUIRED SIGNERS: All signers must be duly authorized on behalf to the applicant.

ACKNOWLEDGMENT: EACH SIGNER ACKNOWLEDGES THAT CREDIT UNION MAY RELY ON THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO WITH CREDIT UNION. EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY CREDIT UNION PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ AND UNDERSTOOD THE TERMS OF THIS APPLICATION, INCLUDING ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. EACH SHAREHOLDER, PARTNER OR MEMBER OWNING 25% OR MORE INTEREST IN THE BUSINESS APPLICANT MUST SIGN BELOW.

X _____
 Authorized Signature (Borrower/Guarantor) Print Name Title Date

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