

BUSINESS LOAN APPLICATION

APPLICANT COMPANY

Legal Business Name:				DBA Name:	Click here to enter text.		
Address:	Click here to enter text.						
City:	Click here to enter text.	State:	Click here to enter text.	Zip:	Click here to enter text.	County:	Click here to enter text.
Primary Contact:	Click here to enter text.			Email:	Click here to enter text.		
Phone:	Click here to enter text.	Cell:	Click here to enter text.	Fax:	Click here to enter text.		
Date Established:	Click here to enter text.			Federal Tax ID #	Click here to enter text.		
Nature of Business:	Click here to enter text.			Current Financial Institution:	Click here to enter text.		

Business Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Sole Proprietor
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OWNERSHIP OF APPLICANT BUSINESS: Please show 100% ownership

Name	Title	SSN	Ownership %
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

APPLICANT BUSINESS DEBT SCHEDULE

Loan Type (LOC, Term)	Current \$ Balance/Limit (if LOC)	Monthly Payment \$	Interest Rate %	Lender
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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GUARANTOR INFORMATION

Guarantor Name:	Click here to enter text.	Guarantor Name:	Click here to enter text.
Social Security #:	Click here to enter text.	Social Security #:	Click here to enter text.
Date of Birth:	Click here to enter text.	Date of Birth:	Click here to enter text.
Home Address:	Click here to enter text.	Home Address:	Click here to enter text.
City/State/Zip	Click here to enter text.	City/State/Zip	Click here to enter text.
Phone Number:	Click here to enter text.	Phone Number:	Click here to enter text.

Guarantor Name:	Click here to enter text.	Guarantor Name:	Click here to enter text.
Social Security #:	Click here to enter text.	Social Security #:	Click here to enter text.
Date of Birth:	Click here to enter text.	Date of Birth:	Click here to enter text.
Home Address:	Click here to enter text.	Home Address:	Click here to enter text.
City/State/Zip	Click here to enter text.	City/State/Zip	Click here to enter text.
Phone Number:	Click here to enter text.	Phone Number:	Click here to enter text.

LOAN REQUEST

Amount Needed:	Click here to enter text.	Term:	Click here to enter ext.
Loan Purpose:	Click here to enter text.		
Collateral Description (include lien position available)	Click here to enter text.		

LOAN REQUEST

Amount Needed:	Click here to enter text.	Term:	Click here to enter text.
Loan Purpose:	Click here to enter text.		
Collateral Description (include lien position available)	Click here to enter text.		

Each of the undersigned hereby instructs and authorizes River Valley Credit Union, and/or its agent(s), including, but not limited to RVCU to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Credit Union by a commercial entity of which the undersigned is a principal, member, guarantor or other party; (b) thereafter, periodically according to the Credit Union's credit review and audit procedures, and (c) relating to Credit Union's review or collection of a loan, account, or other Credit Union product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor, or any other party.

Each of the undersigned certify everything stated on the front and back of this Personal Financial Statement and any other documents or information submitted in connection with this Personal Financial Statement is true, accurate and complete. Each of the undersigned understand that Credit Union will retain this Personal Financial Statement. Each of the undersigned hereby authorize Credit Union to verify at any time any information submitted to Credit Union by or on behalf of the undersigned, obtain further information concerning the credit standing of the undersigned, including without limitation, credit and employment history; and exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to Credit Union. Each of the undersigned authorize Credit Union to consider this Personal Financial Statement as a continuing statement of financial condition until replaced by a new Personal Financial Statement or until the undersigned specifically notifies Credit Union in writing of any change in such financial condition.

In order to expedite this application and serve you better, it may be necessary for us and/or our agents to contact your accountant and/or insurance agent for additional personal or business information. Please indicate below your authorization by checking the boxes and providing the contact information.

Accountant/ CPA	Name: _____	Phone #: _____
Insurance Agency	Name: _____	Phone #: _____

Signature: _____	Date: _____
Signature: _____	Date: _____

