

Business Loan Application Packet

Application
Personal Financial Statement
On each individual co-borrower/guarantor.

On each individual co-borrower/guarantor.

We will	need three	years of tax	returns o	n each	n individu	al (signed and	d dated)		
We will	need three	years of tax	returns o	n the l	business	(if applicable,	signed	and	dated).

Profit and Loss Statement for Business (if applicable) Prior year and year to date (YTD).



Balance Sheet for Business (if applicable) Prior year and year to date (YTD).



Business Loan Application



FEDERAL CREDIT UNION

Important information about procedures for opening a new account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

LOAN REQUEST	
Loan Amount Requested:	□ New Loan □ New Mastercard □ Renew/Increase Existing Credit
Purpose:	
Terms:	Maturity:
Collateral Offered:	

BORROWER

		Existing Member Number:	
Legal Name:	DBA:		
		E-mail:	
Phone Number:	Fax Number:	Contact Name:	
Tax ID Number:	Year Established:	State:	
Type of Entity: 🗆 Individual 🗆 Proprietorship	□ Partnership □ LLC □	Corporation 🗆 Trust 🗆 Association 🗆 Non-Profi	t
Business Year End: Natu	re of Business:		
If individual, name and phone number of employer:			
If individual, date of birth:			

GUARANTOR / CO-MAKER / BUSINESS OWNERSHIP INFORMATION

Each shareholder, partner, or member owning 20% or more interest in the Business Applicant must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guaranties may be required.

Name:		Tax ID Number:	Business Ownership %:
Street Address:			
Mailing Address:			
Additional Information:	Home Number:	Work Number:	
	Cell Number:	E-Mail:	
	Date of Birth:	Relationship:	🗆 Co-maker 🗆 Guarantor
Name:		Tax ID Number:	Business Ownership %:
Street Address:			
Mailing Address:			
Additional Information:	Home Number:	Work Number:	
	Cell Number:	E-Mail:	
	Date of Birth:	Relationship:	□Co-maker □ Guarantor

True North FCU NMLS# 440100

Business Loan Application *continued*

FINANCIAL INFORMATION							
Tax return filed through what date:							
Are any returns being contested or audited? 🗆 Yes 🗆 No 🛛 If yes, describe:							
Accountant or Accounting Firm:							
Name(s) and Title(s) of persons authorized to borrow money on behalf of the busines	s:						
Has the applicant or any Guarantor / Co-applicant ever declared bankruptcy?		'es		No	When?		
Is the Applicant or any Guarantor / Co-applicant a party to any claim or lawsuit?				No	If yes, describe below:		
Is the Applicant or any Guarantor / Co-applicant past due on city/state/federal taxes?		′es		No	If yes, describe below:		
Financial Statement on borrower(s) submitted with application.	Date:						
Financial Statement on guarantor(s) submitted with application.							
Tax Return on borrower(s) submitted with application.							
Tax Return on guarantor(s) submitted with application.	Date:						

BUSINESS DEPOSIT ACCOUNTS

Financial Institution:	Type of Account:	Current Balance:	Average Balance (12 mo.):
	□Checking □Savings □CDs		
	□Checking □Savings □CDs		

BUSINESS DEBTS - List all business debts, including accounts and trade payables. Include existing TNFCU debt.

To whom payable?	ble? Type of Account/Loan:		Payment:	Pay off with proceeds:
	🗆 Term Loan 🗆 Line 🗆 C. Card		\$ / per	□ Yes
	🗆 Term Loan 🗆 Line 🗆 C. Card		\$ / per	□ Yes
	🗆 Term Loan 🗆 Line 🗆 C. Card		\$ / per	□ Yes
	🗆 Term Loan 🗆 Line 🗆 C. Card		\$ / per	□ Yes

□ If checked, additional debt found on the attached Business Debt Schedule.

NOTICES

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary, either directly or through any agency employed by Lender for that purpose, to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. § 1014, and may result in a fine or imprisonment or both. By signing below, each Applicant declares that he/she has read and understands the Notice Section above and, if applicable, has received the Reg. B notification regarding denied credit and appraisal notice.

REQUIRED SIGNERS: All signers certify they are duly authorized to sign on behalf of applicant.

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Authorized Signature (Borrower / Guarantor)

Print Name

Print Name

Title

Title

Date

Date

Х

Authorized Signature (Borrower / Guarantor)

Business Loan Application continued

TRUE NORTH FEDERAL CREDIT UNION BUSINESS LOAN APPLICATION ADDENDUM

Were your gross annual revenues in the previous year \$1,000,000.00 or more?

If you answered yes and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact at the below address within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request. This notice also describes protections extended to you.

> True North Federal Credit Union Attention: Business Lending P.O. Box 34157 Juneau, AK 99803

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 this creditor is National Credit Union Administration, 1775 Duck Street, Alexandria, VA 22314-3428.

NOTICE: Income derived from alimony, child support, or separate maintenance payments need not be revealed if the applicant does not want the creditor to consider it in determining the applicant's creditworthiness.

APPRAISAL NOTICE

True North Federal Credit Union (TNFCU) may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

In cases where an updated Appraisal or Broker's Opinion is required, applicable fees for the valuation must be deposited and held before TNFCU will order the valuation. These valuation requests will be made by TNFCU staff through approved agents. In all cases, TNFCU will provide you a copy of said valuation no fewer than 3 days prior to the opening and funding of this loan account.

MASTERCARD STANDARD CREDIT CARD ACCOUNT APPLICATION DISCLOSURE

INTEREST RATE and INTEREST CHARGES						
Annual Percentage Rate (APR) for Purchases, Balance Transfers, and Cash Advances	9.90%, 12.50%, or 14.50% when you open your account, based on your creditworthiness.					
How to Avoid Paying Interest on Purchases	Your due date is at least 23 days after the close of each billing cycle. We will not charge any interest on the portion of the purchases balance that you pay by the due date each month.					
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at: http://www.consumerfinance.gov/learnmore					

FEES	
Annual Fees:	NONE
Transaction Fees Cash Advance Fee Foreign Transaction Fee 	NONE Up to 2% of each transaction in U.S. dollars
Penalty Fees Late Payment Over-the-Credit Limit Returned Payment 	Up to \$25 Up to \$20 Up to \$20

FOR TNFCU USE ONLY

Date application received: _

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How We Will Calculate Your Balance: We use a method called "average daily balance" which includes new transactions. See your account agreement for more details.

Effective Date: The information about the costs of our credit cards is accurate as of August 1, 2015. This information may have changed after that date. To find out what may have changed, write us at True North Federal Credit Union, P.O. Box 34157, Juneau, AK 99803, or call us

at 866-564-2259.

Personal Financial Statement



	ARE APPLYING - please	select below			
Individual credit in your own name and repayment of the credit requested.	l relying on your own inco	me or assets and no	t the income or a	assets of anot	her person as a basis for
□ Joint credit with another person; provi	de information where app	ropriate regarding th	ie joint applicant.		
We intend to apply for joint credi	t				
	Applicant's	Initials	Co-Applica	ant's Initials	-
You are applying for individual credit, is assets of another person as the basis f providing information in the joint applie you are relying.	or repayment of the credit	requested; complete	e all areas of the	application to	the extent possible,
APPLICANT / CO-APPLICANT INFO	RMATION				
APPLICANT INFORMATION		CO-APPLICA	ANT INFORMATIC	ON	
Name:	Name:				
Social Security Number:		_ Social Secu	rity Number:		
Street Address:		_ Street Addre	ess:		
City: State:	Zip Code:	_ City:		State:	Zip Code:
Phone Number: Fax:		Phone Num	ber:	Fax:	:

 Phone Number:

 E-mail:

 Employer:

 Position/Title: _____ Length (Years): _____

Name:		
Social Security Number: _		
Street Address:		
City:		
Phone Number:	Fax:	
E-mail:		
Employer:		
Position/Title:		Length (Years):

FINANCIAL INFORMATION

ASSETS	
Cash on Hand and In Banks (See Schedule A)	
Cash Value of Life Insurance (See Schedule B)	
Securities - Listed (See Schedule C)	
Securities - Non Listed (See Schedule C)	
Primary Residence (See Schedule D)	
Other Real Estate (See Schedule D)	
Personal Property (See Schedule E)	
Mortgages and Contracts Held by You	
IRA and Tax Deferred Accounts	
Other Assets - Itemize	
Total Assets	

LIABILITIES	
Notes due to Banks and Others (See Schedule F)	
Loans on Life Ins. Policies (See Schedule B)	
Credit Cards and Bills Payable (See Schedule G)	
Mortgage on Residence (See Schedule D)	
Other Mortgages Payable (See Schedule D)	
Personal Property (See Schedule E)	
Taxes	
Other Debts - Itemize	
Total Liabilities	
Net Worth (Total Assets Minus Total Liablities)	

Personal Financial Statement continued

FINANCIAL INFORMATION continued

Annual Income	
Salary, Bonuses and Commissions	
Dividends and Interest	
Rental and Lease Income (Net)	
Other Income*	
Total	

Provide the following information only if application is for Joint Credit			
Joint Applicant's Salary, Bonuses and Commissions			
Other Income of Joint Applicant			
Total			

*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.

General Information		
Are you a Defendant in any lawsuit or Legal Actions?	□Yes	□No
Income Tax Return filed through what date?		
Legal Claims?	□Yes	□No
Have you ever been declared Bankrupt in the last 10 years?	□Yes	□No
Are you involved in any other Venture?	□Yes	□No
Name(s):		

Estimate of Annual Expense	
IncomeTaxes	
OtherTaxes	
Insurance Premiums (not included in Mortgage Payment)	
Mortgage Premiums (not included in Mortgage Payment)	
Rent Payable	
Other Expenses	
Total	

Contingent Liabilities (including any guaranties for TNFCU loans) Amount						
As Endorser, Co-maker or Guarantor? 🗆 Yes 🗆 No						
On Leases or Contracts?	□Yes □No					
Legal Claims?	□Yes □No					
Federal - State Income Taxes?	□Yes □No					
Other	□Yes □No					

SCHEDULE A - Cash in Banks and Notes due to Banks (list all Real Estate Loans in Schedule D)

Name of Bank/Financial Institution:	Type of Account:	Balances:
	□Checking □Savings □CDs □Other	
	□Checking □Savings □CDs □Other	
	□Checking □Savings □CDs □Other	
See Attached Itemization	Total	

SCHEDULE B - Life Insurance (list only those Policies that you own)

Company:	Insured:	Beneficiary:	Face Value / Death Benefit:	Policy Loan From Insurance Company:
See Attached Itemization			Total	

e Attached Itemization

SCHEDULE C - Securities Owned (include statement for any securities as collateral on TNFCU loans)

Face Value Bonds / No. of Shares Stock:	Description:	Owner:	Amount Pledge to Secure Loan:	Market Value: Marketable/listed	Market Value: Unlisted
Soo Attached Itomizat	tion		Тс	atal	

See Attached Itemization ш

Personal Financial Statement continued

SCHEDULE D - Real Estate Owned								
		Date	Purchase		Mortgage or Contract Payable			
Property Description:	Name of Creditor:	Acquired:	Price:	Market Value:	Payment:	Maturity:	Balance Due:	
Residence								
See Attached Itemization	1	1	Total			Total		

SCHEDULE E - Personal Property

		Loan / Contract Payable				
Description:	Name of Creditor:	Payment:	Maturity:	Balance Due:	Current Value:	
Vehicle(s):						
See Attached Itemization	То	al	Total			

SCHEDULE F - Revolving and Installment Notes due to Banks and Others

Revolving = R Installment = I	Payable To:	Maturity:	Collateral:	Repayment Terms:	Balance Due:
			· 		

See Attached Itemization

Total

SCHEDULE G - Credit Cards and Bills Payable

Payable To:	Account Number:	Check box below if balance is paid in full on a monthly basis:	Repayment Terms:	Balance Due:
		Balance paid off monthly		
		□ Balance paid off monthly		
□ See Attached Itemization		Total		

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In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them.

The undersigned declares that he/she has read and understands the statements above.

Applicant Signature

Date

^

Joint Applicant Signature

Date



Include the following information on all installment debts, notes, contracts, and mortgages. **Current balance must match the current balance sheet**. Include all capital leases shown on the balance sheet (if any). *Do not include accounts receivable and accounts payable.*

Business Name: ______ As of: _____ 20____

Name of Creditor	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current or Delinquent
								□ Current □ Delinquent
								□ Current □ Delinquent
								□ Current □ Delinquent
								□ Current □ Delinquent
								□ Current □ Delinquent
								□ Current □ Delinquent
								□ Current □ Delinquent
								□ Current □ Delinquent
	Tota	al Current Balance		Tota	l Monthly Payment			

Borrower Signature

Date

Borrower Title