

MEMBER BUSINESS LOAN APPLICATION

For Credit Union Use Only	Principal	Loan Date	Maturity	Loan No.	Member No.	Credit Union	Amount	CU Officer	Initials
FOR APPROVALS ONLY									

Applicant Information
Name _____
St. Address _____
City _____ State _____ Zip Code _____
Mail. Address _____
City _____ State _____ Zip Code _____
Federal Tax No. TIN/SSN _____
Applicant's Phone Number _____

Credit Union
Name: Baptist Credit Union
Address: 5815 IH-10 West
City: San Antonio State: TX Zip: 78201
Phone Number: (210) 525-0100
Notes:

APPLICANT PROPOSED CREDIT FACILITY:

Proposed Loan Terms	
Loan Amount _____	Interest Rate: <input type="radio"/> Fixed <input type="radio"/> Variable
Loan Term in Months or Years _____	<input type="radio"/> No Preference

BUSINESS PURPOSE OF LOAN:

Type of Collateral			
Titled	Possessory	UCC Collateral	Real Estate
<input type="checkbox"/> Automobile	<input type="checkbox"/> Share Savings/CDs	<input type="checkbox"/> Wraparound UCC filing on all business assets	<input type="checkbox"/> Commercial - Owner Occupied
<input type="checkbox"/> Van	<input type="checkbox"/> Stocks and/or Bonds	<input type="checkbox"/> Account Receivable	<input type="checkbox"/> Commercial - Non-Owner Occupied
<input type="checkbox"/> Short-Haul Truck	<input type="checkbox"/> Notes/Instruments/Chattel Paper	<input type="checkbox"/> Inventory	<input type="checkbox"/> Income Property - Comm.
<input type="checkbox"/> Long-Haul Truck	<input type="checkbox"/> Warehouse Receipts/Bills of Lading	<input type="checkbox"/> Chattel Paper	<input type="checkbox"/> Income Property - Retail
<input type="checkbox"/> Trailer	<input type="checkbox"/> Letters of Credit	<input type="checkbox"/> Equipment	<input type="checkbox"/> Income Property - Residential
<input type="checkbox"/> Ship	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> General Intangibles	<input type="checkbox"/> Primary Residence
<input type="checkbox"/> Aircraft		<input type="checkbox"/> Fixtures	<input type="checkbox"/> Vacation Home
<input type="checkbox"/> Other, Please Specify: _____	<input type="checkbox"/> Other Pledged Collateral	<input type="checkbox"/> Crops	<input type="checkbox"/> Condominium
		<input type="checkbox"/> Farm Products	<input type="checkbox"/> Other Real Estate:
		<input type="checkbox"/> Livestock	
		<input type="checkbox"/> Farm Equipment	
Other Collateral or Description: _____		<input type="checkbox"/> Other UCC Collateral	

Payment Type		
<input type="checkbox"/> Installment Payments	<input type="checkbox"/> Seasonal Payments	<input type="checkbox"/> Revolving Line of Credit
<input type="checkbox"/> Single Payment	<input type="checkbox"/> Step-Up Payments (Smaller to Larger)	
<input type="checkbox"/> Interest Only with a Balloon Payment	<input type="checkbox"/> Step-Down Payments (Larger to Smaller)	<input type="checkbox"/> Other, Please specify: _____
<input type="checkbox"/> Installment Payments with a Balloon Payment	<input type="checkbox"/> Non-Revolving Line of Credit	

PROPOSED REPAYMENT SCHEDULE:

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INFORMATION REGARDING YOUR BUSINESS:

DESCRIPTION OF BUSINESS: 	
TYPE OF ORGANIZATION : <input type="checkbox"/> Professional Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Profit-C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Profit S-Corporation <input type="checkbox"/> Professional Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Please Specify: <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Individual	
Official Legal Name:	
DBA Name (if any):	
STATE OF ORGANIZATION:	QUALIFIED TO DO BUSINESS IN THE FOLLOWING STATES:
IF TYPE OF ORGANIZATION IS AN INDIVIDUAL, A SOLE PROPRIETORSHIP, OR A TRUST, NAME(S) AND ADDRESS(ES) OF OWNER(S) PRIMARY RESIDENCE(S):	
Please attach copies of: <input type="checkbox"/> For Corporations, Articles of Incorporation, For a Limited Liability Corporation, the equivalent certificate, or For a Partnership, a Certificate of Partnership if the partnership is registered in any state (if applicable). <input type="checkbox"/> Limited Liability Corporation's Operating Agreement (if applicable). <input type="checkbox"/> Partnership Agreement (if applicable).	
TRADE STYLES OR OTHER NAMES UNDER WHICH WE DO OR HAVE DONE BUSINESS:	
REGISTERED ASSUMED BUSINESS NAME FILINGS (Furnish copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable.)	
Principal Place of Business: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:	
Location of Accounting Books and Financial Records: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:	

PROPOSED GUARANTOR(S) (Specify Relationship to Applicant):

Guarantor(s)	Address	Relationship
1.		
2.		
3.		
4.		

GUARANTOR(S) FINANCIAL INFORMATION ATTACHED:

Attached	Not Attached	Please attach copies of:	Date(s) or Period(s) Ending
<input type="checkbox"/>	<input type="checkbox"/>	Individual Financial Statement(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Return(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Share Account Statement(s)	

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APPLICANT SIGNATURES AND IMPORTANT DISCLOSURES:

I (we) hereby affirm that the foregoing information contained in this member business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Credit Union is relying on this application in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's member business loan application whether or not credit is granted.

Applicant	_____
By	_____
By	_____
Date	_____

Applicant	_____
By	_____
By	_____
Date	_____

Applicant	_____
By	_____
By	_____
Date	_____

Applicant	_____
By	_____
By	_____
Date	_____