



P.O. Box 525  
 Oshtemo, MI 49077-0525  
 toll-free 800.991.2221  
 web www.consumerscu.org

## BUSINESS CREDIT/ONLINE BANKING APPLICATION

To process this application, all requested information must be provided.

New Request     Modification     ACH – Debit     ACH – Credit     RDC Limit     Online Wire Transfers

<b>CREDIT REQUESTED</b>			
Amount \$	Term of Credit	Loan Type	Purpose of Credit
<b>SECTION I – BUSINESS / APPLICANT INFORMATION</b>			
Name of Applicant (Business Name or Last Name)		First Name (If Individual)	
DBA (If applicable)		Business Start Date _____	How Long Under Current Owner? _____
#Employees _____			
Type or Nature of your Business			
Company Physical Address		City	State    Zip Code
Company Mailing Address(If different)		City	State    Zip Code
Business Phone Number (    )	Fax Number (    )	Cell Phone Number (    )	E-mail Address
Types of Products / Services you offer			
Gross Annual Sales \$		Annual Net Profit \$	
Business Structure:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> S <input type="checkbox"/> C Corporation
		<input type="checkbox"/> LLC <input type="checkbox"/> PLLC	<input type="checkbox"/> Non-Profit <input type="checkbox"/> An Association
<b>SECTION II – ONLINE BANKING / BUSINESS PAYMENTS</b>			
Please complete for services being requested:			
Type	Frequency	Estimated dollar amount based on Frequency chosen	
My Payments - ACH Credits I.e.: Payroll, Business to Business credits, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
My Payments - ACH Debits I.e.: Collecting payments, receiving funds, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
My Payments - Online Domestic Wire Transfers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
My Deposits - Business Remote Deposit Capture <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
<b>SECTION III – COLLATERAL</b>			
<input type="checkbox"/> Description:			\$
<b>SECTION IV – ATTACH RECENT COMPANY PREPARED BALANCE SHEET AND INCOME STATEMENT</b>			

**SECTION V – COMPANY OWNERS OR GUARANTORS IF APPLICABLE; OTHERWISE, COMPANY OFFICERS**

Owner or Guarantor Name	Title	Percent Ownership
		%
		%
		%

**SECTION VI – OUTSTANDING BUSINESS LOANS & LEASES – Use Additional Sheet if Necessary**

Lender	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral
	\$		\$	%		\$	
	\$		\$	%		\$	
	\$		\$	%		\$	

**SECTION VII – OTHER INFORMATION**

Has the business or any principal/owner ever declared bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?
Is the business or any principal/owner a party to any lien or lawsuit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, who?
Has the business incurred a loss in any of the past three (3) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any delinquent state or federal taxes owed by the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how much? \$
Has the business changed names in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Former Name:

**SECTION VIII – BUSINESS DEPOSIT RELATIONSHIP**

Credit Union / Bank	Checking	Savings	Other	Balance
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$

Consumers Credit Union may obtain information from others concerning applicant's credit and trade standing and other relevant information impacting this application and provide to others information about its transactions and experiences with applicant. In addition to the information requested on this application, Consumers Credit Union may subsequently request additional information from applicant. For Business Visa Account applicants: I agree that I will be bound by all of the terms and conditions governing the charge card account, a copy of which will be delivered to me with my card(s).

**SIGNATURE**

I/we, the undersigned, attest that I/we are authorized to act on behalf of this company, group, association or organization with respect to the services requested within this application. I/we represent that the information contained in and accompanying this application is true and correct to the best of my knowledge.

Authorized Signature (must be officer of company)	Printed Name	Title	Date
Authorized Signature (must be officer of company)	Printed Name	Title	Date
Owner/Guarantor(s) Signature	Printed Name	Guarantor	Date
Owner/Guarantor(s) Signature	Printed Name	Guarantor	Date

**PERSONAL FINANCIAL STATEMENT**

As of: \_\_\_\_\_



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Name:	SS#	Date of Birth:
Name:	SS#	Date of Birth:
Residence Address:		
Business Address:		
Home Phone:	Email:	
Business Phone:		

The following is submitted for the purpose of procuring, establishing and maintaining credit with lender. The undersigned or persons, forms, or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in lender's favor. The undersigned warrants that this financial statement is true and correct until a written notice of changes is given by the undersigned.

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED, USE NO, OR NONE WHERE APPLICABLE

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash & Personal Bank Accounts - Schedule A	\$ -	Notes Payable to Banks Secured	
U.S. Govt and Marketable Securities - Schedule B		Notes Payable to Banks Unsecured	
Non-Marketable Securities - Schedule C		Credit Cards	
IRA & Pension		Amounts Payable to Others	
Net Worth of Business % Owned		(Specify Asset)	
Partial Interest in Real Estate Equities - Schedule D		Real Estate Mortgages - Schedule D	
Real Estate Owned - Schedule E		Real Estate Mortgages - Schedule E	
Loans Receivable		Unpaid Taxes	
Automobiles		Auto Loans and Leases	
Personal Property			
Cash Value of Life Insurance Carried - Schedule F			
Other Assets - Itemize			
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH (N/W)</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND N/W</b>	
ANNUAL SOURCES OF INCOME		CONTINGENT LIABILITIES	
Annual Salary		Do you have any contingent liabilities?	
Bonus & Commissions (Annualized)		If yes, give details:	
Dividends & Interest (Annualized)		As endorser, co-maker, or guarantor	
Net Rents & Royalties (Annualized)		attach schedule	
Other income		Legal claims?	
<b>TOTAL</b>		Other?	
PERSONAL INFORMATION		MISCELLANEOUS INFORMATION	
Do you have a will?		Are you a defendant in any suit or legal action?	
Are you a partner or officer in another venture?		Amount of contested income tax liens.	
Are any assets listed above in a trust?			
Are you a trustee of any trust?			
Do you have any assets in any type of trust?		Have you or your business ever declared bankruptcy?	
		Explain:	

**SCHEDULE A - PERSONAL BANK ACCOUNTS**

Financial Institution	City	Address	Account #	Total Balances

**SCHEDULE B - U.S. GOVERNMENT AND MARKETABLE SECURITIES**

# Shares or Face Value (Bonds)	Description	In the Name of:	Market Value

**SCHEDULE C - NON MARKETABLE SECURITIES, IRAs and US SAVINGS BONDS**

Description of Securities	# of Shares Owned	Book Value for Financial Statement Dated:	# Shares Outstanding	Total Market Value

**SCHEDULE D - PARTIAL INTEREST IN REAL ESTATE EQUITIES**

Location of Property	% of Ownership	Cost or Market Value	Year of Purchase	Monthly Payment	Mortgage Balance	Mortgage Lender

**SCHEDULE E - REAL ESTATE OWNED**

Description of Property or Address	Date Acquired	Monthly Payment	Title in the Name of:	Purchase Price	Market Value	Mortgage Amount	Maturity

**SCHEDULE F - LIFE INSURANCE CARRIED (specify Term, Whole, Universal Insurance)**

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

You confirm that this application is given to us for the purpose of obtaining credit from time to time; you have read it and it is true and complete; and you authorize us to obtain information from others concerning your credit standing and other relevant information impacting this application and to provide to others information about our transactions and experiences with you.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Use additional schedules as necessary)