

Thank you for considering Community Resource Credit Union for your business lending needs. Please complete the following information as accurately as possible so we may better understand your financial needs. Please feel free to call us at 281-422-3611 extension 1009 with any questions.

FOR CREDIT UNION USE ONLY			
Loan Officer	Branch	Branch Number:	Date:
DOCUMENT CHECK LIST			
To process your Loan Request, the following documents need to accompany your <u>completed and signed</u> application:			
1 BUSINESS INCOME TAX RETURNS FOR 3 YEARS (Proprietors must submit Schedule C on Personal Tax Returns).			
2 MOST RECENT INTERIM BUSINESS FINANCIAL STATEMENT (This is requested if more than six months have elapsed since the latest fiscal year-end statement was prepared).			
3 TAX RETURNS FOR LAST THREE YEARS FROM PRINCIPALS/GUARANTORS OF THE BUSINESS.			
4 CURRENT PERSONAL FINANCIAL STATEMENTS FROM PRINCIPALS/GUARANTORS OF THE BUSINESS (Dated and Signed).			
<i>Depending on the complexity of the loan request, we may require the following: Aging of Accounts Receivable/Payable, Invoice, Details of Collateral Information, Agreement of Sale, Business Plan or Appraisal Information.</i>			
All loan requests require the personal guaranty of the owner(s) and/or principal(s).			
BUSINESS INFORMATION			
Exact Business Legal Name of Applicant:		Tax ID Number:	
Business Address (No PO Boxes Please):		Industry:	
Telephone Number:	Fax Number:	Email Address:	
Type of Entity: <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor		Organized in the State of:	Year:
Annual Revenues: \$	Primary Business Bank:	Business Loan(s) Balance: \$	Business Checking Account(s) Balance: \$
DETAILS OF CREDIT REQUEST			
AMOUNT OF LOAN REQUESTED: \$			
PURPOSE	PRODUCT	COLLATERAL	
<b>1. Determine the general purpose:</b>	<b>2. Choose corresponding product</b>	<b>3. Indicate the collateral to be pledged</b>	
<i>Working Capital:</i> <input type="checkbox"/> Account Receivable Financing <input type="checkbox"/> Inventory Financing <input type="checkbox"/> Business Expansion <input type="checkbox"/> Refinance--Line of Credit	<input type="checkbox"/> Annual Line of Credit  <input type="checkbox"/> Three Year Business Revolving Line  <input type="checkbox"/> Five Year Business Revolving Line	<input type="checkbox"/> All Business Assets <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Residential Real Estate <input type="checkbox"/> Marketable Securities <input type="checkbox"/> Other: _____ <input type="checkbox"/> Equipment Complete Real Estate Section Below	
<i>Capital Expenditures:</i> <input type="checkbox"/> Equipment Financing <input type="checkbox"/> Property Improvement <input type="checkbox"/> Refinance Long-Term Debt <input type="checkbox"/> Vehicle Financing	<input type="checkbox"/> Term Loan Term: _____ months (12-84)  <input type="checkbox"/> Vehicle Loan Term: _____ months (12-60)	<input type="checkbox"/> All Business Assets <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Residential Real Estate <input type="checkbox"/> Marketable Securities <input type="checkbox"/> Other: _____ <input type="checkbox"/> Equipment Complete Real Estate Section Below	
<i>Real Estate:</i> <input type="checkbox"/> Refinance <input type="checkbox"/> Purchase	<input type="checkbox"/> Commercial Mortgage Term: _____ months (12-144)	<input type="checkbox"/> Commercial Property Complete Real Estate Section Below	
Other:	<input type="checkbox"/> Commercial Letter of Credit	<input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other (please specify):	
	<input type="checkbox"/> Stand-By Letter of Credit	<input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other (please specify):	
REAL ESTATE COLLATERAL			
Owner:	Market Value:	Years at this Location:	
Property Address:			
Mortgage Holders:	Monthly Mortgage/Rent Payment:	Term/Rate:	

**MANAGEMENT/OWNERSHIP INFORMATION**

**Principal/Owner 1: All loan requests require the personal guaranty of the owner(s) and/or principal(s)**  
 Name: \_\_\_\_\_  
 Management Title: \_\_\_\_\_ Years as Business Owner: \_\_\_\_\_ % Ownership of Business: \_\_\_\_\_

**Principal/Owner 2: All loan requests require the personal guaranty of the owner(s) and/or principal(s)**  
 Name: \_\_\_\_\_  
 Management Title: \_\_\_\_\_ Years as Business Owner: \_\_\_\_\_ % Ownership of Business: \_\_\_\_\_

**MISCELLANEOUS**

Is the applicant or guarantor an endorser, guarantor, or co-maker for obligations not listed on their financial statements? [ ] Yes [ ] No  
 Is the applicant or guarantor a party to any claim or lawsuit? [ ] Yes [ ] No  
 Does the applicant or guarantor owe any back taxes? [ ] Yes [ ] No  
 Has the applicant or any guarantor ever declared bankruptcy? [ ] Yes [ ] No

If yes to any of the questions above, please provide details.  
 \_\_\_\_\_

Please list below all business debt and corresponding payment information.

Creditor	Balance	Term or Line	Payment Amount	Frequency	Interest Rate	Maturity	Collateral

**DISCLOSURE OF RIGHT TO RECEIVE A COPY OF AN APPRAISAL**

If the loan is secured by a dwelling (a residential structure containing 1 to 4 units whether or not attached to real estate), you have the right to receive a copy of this appraisal report used in connection with the evaluation of your loan request. The applicant may obtain a copy of the appraisal report provided that the applicant has paid for or is willing to pay for the cost of the appraisal. *If you wish to receive a copy, please write us at: Community Resource Credit Union, 2900 Decker Drive, Baytown, Texas 77521 Attention: Member Business Service.* We must hear from you no later than ninety (90) days after we notify you about the action taken on the loan application or you withdraw your application. We reserve the right to charge the applicant for the cost of copying and postage to the extent permitted by law. Please provide your name, mailing address, telephone number, loan number, and email address (if applicable) when requesting a copy of the appraisal report. A representative will contact you regarding this request any cost associated with your request.

**EQUAL CREDIT OPPORTUNITY NOTICE**

If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please send your request within 60 days from the date you are notified of the Creditor's decision to Community Resource Credit Union, 2900 Decker Drive, Baytown, Texas 77521, Attention: Member Business Service. The Creditor will send you a written statement of reasons within 30 days of receiving your request for the statement. The notice below describes additional protections extended to you.

NOTICE: If you have been asked to act as a guarantor for the credit of one or more primary applicant(s) and are providing information to the creditor in this application for that purpose, please be advised that if the creditor determines that you do not meet its standards of creditworthiness for the amount and/or kind of credit desired by the primary applicant(s), the creditor is required by law to provide the specific reasons for such adverse action to the primary applicant(s), either verbally or in writing as instructed in the preceding paragraph and NOT to you. Unless you are willing to share the specific reasons for adverse action based on your credit history with the primary applicant(s), you should not submit this application to the creditor. Your choosing to submit this application to the creditor will be deemed by the creditor to be your authorization to share the specific reasons for adverse action with the primary applicant(s) should the application be denied.

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 agency that administers compliance with this law concerning this creditor is the National Credit Union Administration, Region V (Austin), 4807 Spicewood Springs Rd, Suite 5200, Austin, Texas 78759

**CERTIFICATE, AUTHORIZATION, SIGNATURES**

The Applicant certifies that the statements made on this application and the other information provided with this application are true and complete. (The term "Applicant" as used herein shall include the business entity applying for the loan and all other persons who by providing information herein may be liable for the loan requested in this application, as an endorser, surety, or guarantor). The Applicant agrees to promptly notify CRCU of any material changes to this information. CRCU is authorized to make all inquiries it deems necessary to verify accuracy and determine the Applicant's creditworthiness, and to share any information provided to CRCU. The Applicant authorizes any person or consumer reporting agency to give CRCU any information it may have on the applicant, directly and obtain any information it feels necessary in processing this application. The Applicant(s) understands that if it is a legal entity, all owners must sign below and include their titles. The Applicant understands that all fees, including commitment and documentation fees and annual credit review are non-refundable.

In addition, once the commitment has been issued, the Applicant will pay all expenses, including but not limited to: documentation fees, mortgage taxes, insurance premiums, recording and filing fees, appraisal fees, etc.

**By signing this application, I am acknowledging that I have read the above disclosures and I have received a copy of this application for my records.**

APPLICANT		Co-APPLICANT	
Signature: _____	Date: _____	Signature: _____	Date: _____