



P.O. BOX 6048  
 DEARBORN, MICHIGAN 48121  
 PH 888.336.2700  
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# Business Loan Application

## Business Information

Business Name		Business EIN	
Business Type <input type="checkbox"/> Association (Unincorporated) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Limited Partnership (LP) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietorship			
Year Formed		Number of Employees	
Business Physical Address		City	State      Zip
Phone	Email	Website	
Insurance Agent Name		Insurance Agent's Phone Number	

## Loan Request

Loan Request Type <input type="checkbox"/> New Loan <input type="checkbox"/> Refinance Existing Loan	Amount Requested
Loan Product <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Vehicle <input type="checkbox"/> Credit Card	
Loan Purpose (check all that apply) <input type="checkbox"/> Refinance (please complete Debt Schedule) Description of debt and collateral to be refinanced: _____ <input type="checkbox"/> Purchase/Refinance/Equity Real Estate Address: _____      Type of RE: _____      Sq Feet: _____ <input type="checkbox"/> Purchase Assets Description of asset to be purchased – provide quote or breakdown: _____ <input type="checkbox"/> Vehicle <input type="checkbox"/> New <input type="checkbox"/> Used    Make: _____    Model: _____    VIN: _____ <input type="checkbox"/> Working Capital <input type="checkbox"/> Other – please be specific: _____	
Collateral Offered	Value
<input type="checkbox"/> Accounts Receivable	\$ _____
<input type="checkbox"/> Inventory	\$ _____
<input type="checkbox"/> Equipment	\$ _____
<input type="checkbox"/> Real Estate	\$ _____
<input type="checkbox"/> Other: _____	\$ _____

## Additional Information (description of products/services provided, anticipated changes to business and/or cash flow)

_____ _____ _____ _____
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### Owner's Information

Main Contact Name		Main Contact SSN		Main Contact Date of Birth	
Main Contact Phone		Main Contact E-mail		Main Contact Percentage of Ownership	
Main Contact Address		City		State	Zip

### Other Owner's Information (1)

Name		SSN		Date of Birth	
Address		City		State	Zip
Phone		E-mail		Percentage of Ownership	

### Other Owner's Information (2)

Name		SSN		Date of Birth	
Address		City		State	Zip
Phone		E-mail		Percentage of Ownership	

### Other Owner's Information (3)

Name		SSN		Date of Birth	
Address		City		State	Zip
Phone		E-mail		Percentage of Ownership	

### Other Owner's Information (4)

Name		SSN		Date of Birth	
Address		City		State	Zip
Phone		E-mail		Percentage of Ownership	

_____ Owner's Signature	_____ Owner's Printed Name	_____ Date
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_____ Other Owner's Signature (1)	_____ Other Owner's Printed Name (1)	_____ Date
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_____ Other Owner's Signature (2)	_____ Other Owner's Printed Name (2)	_____ Date
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_____ Other Owner's Signature (3)	_____ Other Owner's Printed Name (3)	_____ Date
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_____ Other Owner's Signature (4)	_____ Other Owner's Printed Name (4)	_____ Date
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