



# Business Loan Application

## Business Information

|   |       |                                |                |
|---|-------|--------------------------------|----------------|
| Business Legal Name   |       | Business EIN                   |                |
| Business Type<br><input type="checkbox"/> Association (Unincorporated) <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation<br><input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company (LLC)<br><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   |  | Amount Requested |  |
| <input type="checkbox"/> New Loan <input type="checkbox"/> Refinance Existing Loan  |  |                  |  |
| Loan Product  |  |                  |  |
| <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Vehicle |  |                  |  |
| Loan Purpose (check all that apply)   |  |                  |  |
| <input type="checkbox"/> Refinance (please complete DFCU Debt Schedule form)<br>Description of debt and collateral to be refinanced: _____    |  |                  |  |
| <input type="checkbox"/> Purchase/Refinance/Equity Real Estate<br>Address: _____      Type of RE: _____      Sq Feet: _____                   |  |                  |  |
| <input type="checkbox"/> Purchase Assets<br>Description of asset to be purchased – provide quote or breakdown: _____                          |  |                  |  |
| <input type="checkbox"/> Vehicle<br><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 (please include A/R and A/P aging reports)   |  | \$ _____         |  |
| <input type="checkbox"/> Inventory (please include inventory report with value)   |  | \$ _____         |  |
| <input type="checkbox"/> Equipment (please include equipment list with value)   |  | \$ _____         |  |
| <input type="checkbox"/> Real Estate (please complete DFCU Real Estate Information Sheet)   |  | \$ _____         |  |
| <input type="checkbox"/> Other: _____   |  | \$ _____         |  |

## Description of products/services provided, anticipated changes to business and/or cash flow:

|                                  |
|----------------------------------|
| _____<br>_____<br>_____<br>_____ |
|----------------------------------|

### Owner's Information

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

### 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

\_\_\_\_\_  
Other Owner's Signature (1)

\_\_\_\_\_  
Other Owner's Printed Name (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Owner's Signature (2)

\_\_\_\_\_  
Other Owner's Printed Name (2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Owner's Signature (3)

\_\_\_\_\_  
Other Owner's Printed Name (3)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Owner's Signature (4)

\_\_\_\_\_  
Other Owner's Printed Name (4)

\_\_\_\_\_  
Date