



904.354.8537 • 800.342.8416 • www.CommunityFirstFL.org

Member Business Loan Application

(For Business Loan and Line of Credit Requests—Please Complete All Information to Avoid Delays in Processing Your Application)

Loan Request Information

Application For: <input type="checkbox"/> Business Line of Credit <input type="checkbox"/> Term/Equipment Loan <input type="checkbox"/> Commercial Mortgage <input type="checkbox"/> Business Credit Card <input type="checkbox"/> Other _____	Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Renewal/Reaffirmation <input type="checkbox"/> Increase/Modification
	Loan Amount(s):
	Purpose of Loan (Use of Proceeds):
	Term Requested:

Business / Applicant Information

Legal Name of Applicant (Borrower)		
DBA (if applicable)		Tax I.D. Number
Principal Place of Business Address (not P.O. Box)		
City	State	ZIP Code
Mailing Address (if different)		
City	State	ZIP Code
Key Contact Name	Business Telephone ()	Business Fax ()
Date Business Established	Current Ownership (# of yrs)	State of Registration
Describe Applicant's Product / Service		Annual Sales (last full year) \$
		Number of Employees
Type of Ownership (Select One) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp <input type="checkbox"/> S- Corp <input type="checkbox"/> LLC <input type="checkbox"/> P.A.		

Owners / Guarantors Information

Please be certain to list all owners of the company. Additional guarantors who do not have an ownership in the company may be listed provided their relationship to the company and/or owners is clarified. For more than four owners please attach sheet.

OWNER - GUARANTOR 1

Name	Title	Social Security No.	
Address		Birth Date	% Ownership

OWNER - GUARANTOR 2

Name	Title	Social Security No.	
Address		Birth Date	% Ownership

OWNER - GUARANTOR 3

Name	Title	Social Security No.	
Address		Birth Date	% Ownership

OWNER - GUARANTOR 4

Name	Title	Social Security No.	
Address		Birth Date	% Ownership

Credit Union / Banking Relationships

Please list only your business accounts (* FOR REQUESTS OVER \$50,000 PLEASE USE THE SCHEDULE OF BUSINESS DEBTS)

Credit Union - Bank	Account Number	Business			Current Balance
		Checking	Savings	Loan*	
					\$
					\$
					\$
					\$
					\$

Other Information

Hazard Insurance Company Name:	Insurance Agent Telephone ()
Insurance Agent / Contact Name:	City, State

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.

Does any customer or supplier currently account for more than 20% of your business?

Has the applicant ever declared bankruptcy or had any judgments, repossessions, garnishments, or other legal proceedings filed against them?

Has the applicant ever obtained credit under another name?

Are any tax obligations, including payroll or real estate taxes, past due?

Is the applicant liable on debts not shown, including any contingent liabilities such as leases, endorsements, guarantees, etc.?

Is the applicant currently a defendant in any suit or legal action?

Certification and Signatures

Each of the undersigned hereby instructs, consents and authorizes Community First of Florida Credit Union, or any affiliate, subsidiary, or other entity related thereto ("Lender") to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Lender by a commercial entity or which the undersigned is a principal, member, guarantor or other party, (b) thereafter, periodically according to the Lender's credit review and audit procedures, and (c) relating to Lender's review or collection of a loan, account, or other Lender product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party. The Applicant(s), individually and/or by the signature(s) of its authorized representative below, hereby certifies that: the foregoing has been carefully read by the Applicant and is given to Community First of Florida Credit Union ("Credit Union") for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in this Application and any other documents or information submitted in connection with this Application or any other credit request are true and correct statements of the Applicant's financial condition and may be treated by the Credit Union as a continuing statement thereof until replaced by a new Application or until the Applicant specifically notifies the Credit Union in writing of any change; and the credit requested herein and any other credit obtained from the Credit Union by the Applicant on the basis of the information contained in this Application shall be used solely for business and commercial purposes. The Applicant and each Guarantor authorize the credit union to: verify at any time any information submitted to the Credit Union by or on behalf of the Applicant and/or any Guarantor; obtain further information concerning the credit standing of the Applicant, its representatives and Guarantors; and exchange such credit information with others. The Applicant agrees to provide additional information, financial or otherwise, upon request and agrees that, unless otherwise directed by the Applicant in writing, all statements and notices regarding any credit granted by the Credit Union to the Applicant shall be mailed to the Applicant at the address shown above. Any person(s) signing below is duly authorized and empowered to request credit on behalf of the Applicant.

Business Credit Card

If I have applied for a credit card, I will be provided with a separate Credit Card Agreement and Disclosures and understand the Agreement will be effective when I or an Authorized User uses the card or the account, or if I fail to cancel the account by returning the card(s) to the Credit Union within 30 days of receipt.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Signature (Owner/Guarantor)	Print Name	Title	Date
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