



Member Business Loan Application

(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 Corporation or Applicant (Borrower)			
DBA (if applicable)		Tax I.D. Number	
Principal Place of Business Address (not P.O. Box)			
City	State	ZIP Code	
Key Contact Name		Business Telephone ()	Business Fax ()
Date Business Established	Current Ownership (# of yrs)	State of Registration	Annual Sales (last full year) \$
Describe Applicant's Product / Service			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

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 Campus USA 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 Campus USA 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
Signature (Owner / Guarantor)	Print Name	Title	Date
Signature (Owner / Guarantor)	Print Name	Title	Date
Signature (Owner / Guarantor)	Print Name	Title	Date

Business Credit Card Disclosure

Credit Union Name, Address, Zip, Telephone	Campus USA Credit Union, 2511 NW 41 st Street, Gainesville, FL 32606 P.O. Box 147029, Gainesville, FL 32614 1.800.367.6440		
ANNUAL PERCENTAGE RATE (APR) for Credit Purchases	Visa Classic/Master Card 14.4% APR	Visa Gold 12.14% APR	Children's Miracle Network Visa 9.8% APR
Other APRs	Balance Transfer APR:	Visa Classic/Mastercard – 14.4%	Visa Gold – 12.14%
	Cash Advance APR:	Visa Classic/Mastercard – 14.4%	Visa Gold – 12.14%
	Penalty APR:	Visa Classic/Mastercard – 17.0%	Visa Gold – 17.0%
Variable Rate Information	Variable Rate Information for Visa Gold: The ANNUAL PERCENTAGE RATE (APR) may vary based on changes in the index which is the highest Prime Rate published in the Wall Street Journal on the first Tuesday of each month. A margin of 3.9% will be added to the Index and the rate will be rounded up to the nearest 1/8 th to determine the APR.		
Grace Period for Repayment of Balances for Purchases	You have a minimum 25 day free period to pay off your balance before a periodic finance charge will be imposed.		
Method for Computing the Balances for Purchases	Average Daily Balance including new purchases.		
Annual Fee – NONE	Minimum FINANCE CHARGE - NONE		Transaction Fee for Purchases - NONE
Transaction Fee for Cash Advances: Does Not Apply	Balance Transfer Fee: Does Not Apply		Late Payment Fee: \$32 Over the Credit Limit Fee: \$32

For Credit Union Use Only

Completed Application received on _____ Date	Received by _____ Employee Name and Title
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FINANCIAL INFORMATION

Business Financial Statements	Received on _____
Business Income Tax Returns	Received on _____
Owners'/Guarantors' Personal Income Tax Returns	Received on _____
Owners'/Guarantors' Personal Financial Statements	Received on _____
Schedule of Business Debts	Received on _____

Site Visit Scheduled for _____ Date	Site Visit Completed on _____ Date
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LOAN AND DEPOSIT RELATIONSHIP

Existing CU Business Loans:

Product & Account No. (i.e. Line of Credit, Business Term Loan, Business Vehicle Loan etc.)	Current Balance (if line of credit please also include total line amount)	Maturity Date (i.e. 8/15/2005 or "On Demand")	Monthly Payments	Repayment Terms (i.e. Interest only mthly or Mthly P & I)
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

Does the Member Business have any previous charge-offs or any loans currently graded substandard with the Credit Union? (if yes, please provide details)

Has the Member Business been past due over 30 days on any loans with the Credit Union? (if yes, please provide details including full history of late pays over 30, 60 and 90 days)

Existing CU Deposit Relationship:

Account No. & Type (i.e. Checking, Savings, CD, Money Market, etc.)	Date Opened	Current Balance	Average Balance	NSFs / Overdrafts (over past 12 months)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

PROPOSED PRODUCT PRICING

Please provide the interest rate, origination fee, and doc prep fee you wish to apply to the subject loan request(s).

Request 1

_____	Fixed - Variable (Circle One)	_____	_____
Interest Rate or Index		Origination Fee (\$ amt or % of loan amt)	Doc Prep Fee (\$ amt)

Request 2

_____	Fixed - Variable (Circle One)	_____	_____
Interest Rate or Index		Origination Fee (\$ amt or % of loan amt)	Doc Prep Fee (\$ amt)

SCHEDULE

No. 1. Banking Relations. (A list of all my bank savings and loans accounts.)

Name and Location	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

No. 2. Accounts, Loan and Notes Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

No. 3. Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance	Type of	Face Amount	Total Cash Surrender	Total Loans Yearly	Amount of Yearly	Is Policy Assigned?
				\$	\$		\$	
				\$	\$		\$	
				\$	\$		\$	
				\$	\$		\$	

No. 4. Other Stocks and Bonds

Face Value of Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	If Pledged, State to Whom
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	

No. 5. Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows: _____

Description or Street No.	Dimensions of Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$

The undersigned certifies that the information inserted on both pages her of has been carefully read and is true and correct.

Date: _____ Signed: _____