



BUSINESS INFORMATION

Legal Business Name		Business Phone	Federal Tax ID or Social Security #
DBA or Registered Name		Date Business Established	Owned Since
Business Street Address (no P.O. Boxes) City State Zip			County
Mailing Street Address (if different) City State Zip			No. of Employees
State of Incorporation	Date Incorporated	Business E-mail Address	Business Fax Number
Ownership Type: <input type="checkbox"/> Individual <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-profit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other: _____ <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association			
Nature of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Contractor/Construction <input type="checkbox"/> Other _____ Please describe your product/service: _____			

OWNER INFORMATION (List all owners below and provide a Personal Financial Statement for each owner.)

Name	Ownership %	Title
Name	Ownership %	Title
Name	Ownership %	Title
Name	Ownership %	Title

GUARANTOR INFORMATION (List if different from owners above and provide a Personal Financial Statement for each guarantor.)

Name	Relationship to Business/Owners
Name	Relationship to Business/Owners
Name	Relationship to Business/Owners
Name	Relationship to Business/Owners

CREDIT REQUEST INFORMATION

Business Loan Type: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Real Estate Loan <input type="checkbox"/> Construction Loan <input type="checkbox"/> Standby Letter of Credit <input type="checkbox"/> Other: _____	Amount Requested: \$ _____	Term/Amortization: _____	Please provide a brief explanation of how you'll use the loan proceeds: _____ _____ Collateral Description (Attach detailed list if available): _____ _____ _____
---	----------------------------	--------------------------	---

BUSINESS INFORMATION

	YES	NO
▪ Does the business applicant or guarantor(s) own 20% or more of another company? (If yes, attach tax returns)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the business applicant used or done business under any other names?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the business applicant or guarantor(s) hold any assets in trust? (If yes, provide a copy of the complete Trust Agreement.)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is the business applicant an endorser, guarantor or co-maker for obligations not listed on its financial statements?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is the business applicant or any guarantor(s) a party to any claim or lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the business applicant or any guarantor(s) ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the business applicant use hazardous substances in the normal course of business?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the business applicant ever failed to comply with any laws, rules or regulations relating to hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there any state or federal tax liens pending or filed against the business applicant or any guarantor(s)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the above questions attach an explanation and details of each.



CURRENT DEPOSITORY RELATIONSHIPS				
Institution Name	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Date Opened	Current Balance \$
Institution Name	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Date Opened	Current Balance \$
Institution Name	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Date Opened	Current Balance \$

CURRENT LOAN RELATIONSHIPS						
Creditor	Type*	Collateral	Interest Rate	Maturity Date	Current Balance	Monthly Payment
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Totals					\$	\$

* Type: Line (L), Term (T), Lease (LE), Other (O)

List on a separate sheet of paper all leases, guaranties, commitments, contingent liabilities or any other obligation not listed above or shown on the financial statements.

AUTHORIZATION/SIGNATURES		
<p>* The signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant"), and that all information and documents submitted, including financial statements, and federal income tax returns, are true, correct and complete. The signer(s) further agrees to notify Mid-Minnesota Federal Credit Union (MMFCU) promptly of any material change in any such information. The signer(s) authorizes MMFCU to: 1) obtain additional information concerning my financial condition, employment and credit history including without limitation, consumer and/or business reports, inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as applicant and individuals at any time; 2) furnish such information and share any credit experience with me to others and answer any questions about my credit experience and other financial relationships with MMFCU; 3) disclose account information as required by law. The signer(s) further authorizes MMFCU to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The signer(s) understands and agrees that this application is subject to final credit approval and that additional information may be required in order to make a final credit decision. This application and all supporting information including but not limited to financial statements and tax returns shall remain the property of MMFCU. The signer(s) understands it may be a federal crime punishable by a fine and/or imprisonment to knowingly make false statements or provide incomplete or incorrect information on loan applications to financial institutions.</p>		
1.	_____	_____
Signer	Title	Date
2.	_____	_____
Signer	Title	Date
3.	_____	_____
Signer	Title	Date
4.	_____	_____
Signer	Title	Date

Adverse Action Notice

(Applicant copy is located on page 3 of this form.)

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit 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 Federal agency that administers compliance with this law concerning Mid-Minnesota Federal Credit Union is the Chicago Regional Office of the Federal Trade Commission, 55 East Monroe Street, Suite 1437, Chicago, Illinois 60603.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid-Minnesota Federal Credit Union, Business Member Services, PO BOX 2907, Baxter, MN 56425 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Adverse Action Notice

Applicant's Copy

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit 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 Federal agency that administers compliance with this law concerning Mid-Minnesota Federal Credit Union is the Chicago Regional Office of the Federal Trade Commission, 55 East Monroe Street, Suite 1437, Chicago, Illinois 60603.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid-Minnesota Federal Credit Union, Business Member Services, PO BOX 2907, Baxter, MN 56425 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Applicant: Retain for your records