

MEMBER BUSINESS LOAN APPLICATION

For Credit Union Use Only	Principal	Loan Date	Maturity	Loan #	Member #	Credit Union	Amount	CU Officer	Initials
	For Approvals Only								

APPLICANT INFORMATION			
Name			
Street Address			
City			
State		Zip Code	
Mailing Address			
City			
State		Zip Code	
Federal Tax Number TIN/SSN			
Applicant's Telephone Number			

CREDIT UNION	
CU Name:	Dover Federal Credit Union
Address:	1075 Silver Lake Blvd.
City:	Dover
State:	DE
Zip:	19904
Contact Person:	Business Services
Contact Phone:	302-678-8000
Email:	business@doverfcu.com
Additional Information:	

APPLICANT PROPOSED CREDIT FACILITY:

PROPOSED LOAN TERMS				
Loan Amount	Interest Rate:	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	<input type="checkbox"/> No Preference
Loan Term in Months or Years				
Business Purpose of Loan:				

TYPE OF COLLATERAL			
<input type="checkbox"/> Titled <input type="checkbox"/> Automobile <input type="checkbox"/> Van <input type="checkbox"/> Short Haul Truck <input type="checkbox"/> Long Haul Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Ship <input type="checkbox"/> Aircraft <input type="checkbox"/> Other, Please Specify:	<input type="checkbox"/> Possessory <input type="checkbox"/> Share Savings/CDs <input type="checkbox"/> Stocks and/or Bonds <input type="checkbox"/> Notes/Instruments/Chattle Paper <input type="checkbox"/> Warehouse Receipts/ Bills of Lading <input type="checkbox"/> Letters of Credit <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other Pledged Collateral:	<input type="checkbox"/> UCC Collateral <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Inventory <input type="checkbox"/> Chattel Paper <input type="checkbox"/> Equipment <input type="checkbox"/> General Intangibles <input type="checkbox"/> Fixtures <input type="checkbox"/> Crops <input type="checkbox"/> Farm Products <input type="checkbox"/> Livestock <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Wraparound UCC filing on all business assets <input type="checkbox"/> Other UCC Collateral:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Commercial – Owner Occupied <input type="checkbox"/> Commercial – Non-Owner Occupied <input type="checkbox"/> Income Property – Commercial <input type="checkbox"/> Income Property – Retail <input type="checkbox"/> Income Property – Residential <input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Condominium <input type="checkbox"/> Other Real Estate:
Other Collateral or Description:			

PAYMENT TYPE		
<input type="checkbox"/> Installment Payments <input type="checkbox"/> Single Payment <input type="checkbox"/> Interest Only with a Balloon Payment <input type="checkbox"/> Installment Payments with a Balloon Payment	<input type="checkbox"/> Seasonal Payments <input type="checkbox"/> Step Up Payments (Smaller to Larger) <input type="checkbox"/> Step Down Payments (Larger to Smaller)	<input type="checkbox"/> Non-Revolving Line of Credit <input type="checkbox"/> Revolving Line of Credit <input type="checkbox"/> Other, Please Specify:

Proposed Repayment Schedule:

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INFORMATION REGARDING YOUR BUSINESS:

Description of Business:	
TYPE OF ORGANIZATION	
<input type="checkbox"/> Profit C-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Profit S-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Professional Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other, Please Specify:	
Official Legal Name:	
DBA Name (if any):	
State of Organization:	Qualified to do Business in the Following States:
If type of organization is an individual, a sole proprietorship, or a trust, name(s) and address(es) of owner(s) primary residence(s):	
Please attach copies of: <input type="checkbox"/> For Corporations, Articles of Incorporation, For a Limited Liability Corporation, the equivalent certificate, or For a Partnership, a Certificate of Partnership if the partnership is registered in any state (if applicable). <input type="checkbox"/> Limited Liability Corporation's Operating Agreement (if applicable) <input type="checkbox"/> Partnership Agreement (if applicable)	
Trade styles or other names under which we do or have done business:	
Registered assumed business name filings (Furnish copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable.):	
Principal Place of Business: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:	
Location of Accounting Books and Financial Records: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:	

PROPOSED GUARANTOR(S) (Specify Relationship to Applicant):

Guarantor(s)	Address	Relationship
1.		
2.		
3.		
4.		

GUARANTOR(S) FINANCIAL INFORMATION ATTACHED:

Attached	Not Attached	Please attach copies of:	Date(s) or Period(s) Ending
<input type="checkbox"/>	<input type="checkbox"/>	Individual Financial Statement(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Returns(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Share Account Statement(s)	



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APPLICANT SIGNATURES AND IMPORTANT DISCLOSURES

I (we) hereby affirm that the foregoing information contained in this Member Business Loan Application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Credit Union is relying on this application in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to my financial condition. I understand that Credit Union will retain this Member Business Loan Application whether or not credit is granted.

Business Name: _____ Signature: _____ Printed Name: _____ Date of Birth: _____ Social Security #: _____ Date: _____	Business Name: _____ Signature: _____ Printed Name: _____ Date of Birth: _____ Social Security #: _____ Date: _____
Business Name: _____ Signature: _____ Printed Name: _____ Date of Birth: _____ Social Security #: _____ Date: _____	Business Name: _____ Signature: _____ Printed Name: _____ Date of Birth: _____ Social Security #: _____ Date: _____

Business & Personal Tax Returns, Personal Financial Statements, Financials and updated Insurance information is required annually. Please initial that you will comply with this term.

X_____ X_____