



Check one:  New Member  
 Existing Member - Account # \_\_\_\_\_

**A. Business Information**

Legal Business Name/Borrower		TIN#	DBA (if any)	
Address		City	State	Zip
Established	Web Address	State of Incorporation	Telephone	Fax
Description of Business				
Person to Contact		Email Address		Best Telephone Number

**B. Loan Information**

Amount of Credit Applied For \$	Terms of Repayment
Type of Credit Applied For: <input type="checkbox"/> Mortgage <input type="checkbox"/> Term Loan <input type="checkbox"/> Line of Credit <input type="checkbox"/> Other:	
Purpose of Loan	
Collateral Offered for Loan	

**C. Owner(s) of Company**

Type of Company:  Proprietorship     Partnership    Corporation:  S Corp     C Corp     Limited Liability Company

Name	SSN:	Telephone	
	% Ownership:		
Address	City	State	Zip Code
Name	SSN:	Telephone	
	% Ownership:		
Address	City	State	Zip Code
Name	SSN:	Telephone	
	% Ownership:		
Address	City	City	Zip Code
Name	SSN:	Telephone	
	% Ownership:		
Address	City	City	Zip Code

## D. Business Debt

Name/Address	Original Amount	Monthly Payment	Balance Due	Rate	Security	Due Date
	\$	\$	\$	%		
	\$	\$	\$	%		
	\$	\$	\$	%		
	\$	\$	\$	%		
	\$	\$	\$	%		
	\$	\$	\$	%		

## E. Other Information

### Banking Relationships (Please list only your Business Accounts)

Financial Institution	Account Number	Business		
		Checking	Savings	Other
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

### Business/Trade References (Please list your two major suppliers or references)

Name	Address	Name of Contact	Telephone Number

### Miscellaneous

Number of Employees:	Census Tract:
Ownership (Optional): <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:	
Referral Source:	
Revenue/Annual Sales: \$	
Is the business a party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in Details section below.	
Has the business ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Chapter _____ Date of Filing: / / 20 If yes, please explain in Details section below.	
Are any of the Applicants an endorser, guarantor, or co-maker for obligations not listed on the financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate total contingent liability: \$ _____	
Details:	

## F. Signature(s)

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. You authorize MSDFCU (herein referred to as Us/We) to make such inquiries and gather such information as We deem necessary and reasonable concerning any information provided to Us on the Application or on any such required document, including inquiries to the Internal Revenue Service, references, employers, credit bureaus, banks and credit unions. You further agree to notify Us promptly of any material change in any such information. This application and all accompanying information shall remain the property of MSDFCU. You authorize Us to accept Your facsimile signatures on this application and, subsequently, on any other documents associated with the credit for which You are applying and You agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

Applicant Name	Date	Applicant Name	Date
Applicant Signature		Applicant Signature	

## G. Business Loan Checklist (Documents needed are indicated by ☒)

- |   |   |
|---|---|
| <input type="checkbox"/> Purchase Invoice/Sales Contract        | <input type="checkbox"/> Insurance Information (agent, coverage)                |
| <input type="checkbox"/> 3 Years Tax Returns - Personal         | <input type="checkbox"/> Cash Flow/Profit Projections from Loan Proceeds        |
| <input type="checkbox"/> 3 Years Tax Returns - Business         | <input type="checkbox"/> Current Business Interim Balance Sheet and P&L         |
| <input type="checkbox"/> 3 Years Prior Business Financials      | <input type="checkbox"/> Personal Financial Statement of Guarantor(s)           |
| <input type="checkbox"/> IRS Form 4506-T                        | <input type="checkbox"/> Principal(s) Biographical Info and % Ownership         |
| <input type="checkbox"/> Other: _____                           | <input type="checkbox"/> Current Bank Financing and Lease Arrangements          |
| <b>For Real Estate Loans:</b>                                   | <input type="checkbox"/> Title Information (legal information or title policy)  |
| <input type="checkbox"/> Sales Agreement (if new purchase)      | <input type="checkbox"/> Copies of Leases and Current Rent Roll (if applicable) |
| <input type="checkbox"/> Loan Payoff Information (if refinance) | <input type="checkbox"/> Other: _____   |

**IMPORTANT NOTICE:** If Your application for business credit is denied, You have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to MSDFCU, 335 West Butler Avenue, Chalfont, PA 18914, 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.

### Equal Credit Opportunity Act Notice

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that 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 this Credit Union is: NCUA (National Credit Union Administration) Regional Director, Region II (Capital) NCUA, 1775 Duke Street, Suite 4206, Alexandria, VA 22314.

## H. For Credit Union Use Only

Approved      Date: \_\_\_\_\_       Declined      Date: \_\_\_\_\_       Withdrawn      Date: \_\_\_\_\_

Reason:

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