



COMMERCIAL LOAN APPLICATION

tel: 503.220.2592
TF: 800.942.9408

fax: 503.228.6770
www.trailheadcu.org

Please initial here _____

LOAN REQUEST AS OF _____ AS OF _____, 20__

Borrower:		SSN / EIN / TIN:	
DBA:		State of Organization	
Business Address:		Primary Phone:	
City, State, & Zip Code:		Mobile Phone:	
Project Address:		Email:	
City, State, & Zip Code:		County:	
TYPE OF ORGANIZATION	<input type="checkbox"/> Profit C-Corporation <input type="checkbox"/> Profit S-Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Professional LLC <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Other, Please Specify:		

Disclosure & Information:

This loan application being completed by the borrower as shown above and / or executed by those authorized to act on behalf of the borrower, here in collectively referred to as "BUSINESS MEMBER". Trailhead Federal Credit Union, its members, officers, agents and attorneys are hereinafter referred to collectively as "LENDER". LENDER will seek financing for the BUSINESS MEMBER if it determines, in its sole discretion, that (1) BUSINESS MEMBER is within LENDER'S eligibility criteria (2) the credit is likely to be approved and (3) other elements of the complete project can also be financed or funded.

No LENDER Liability: LENDER is depending upon BUSINESS MEMBER to promptly supply accurate information and to prepare the application. In addition, financing is dependent upon many factors that LENDER cannot control, including economic factors and the decisions of the financial institutions involved in the project. Accordingly, LENDER does not promise that BUSINESS MEMBER will obtain financing. BUSINESS MEMBER agrees that LENDER shall not be responsible in any manner or liable to the BUSINESS MEMBER or any other person, in the event that financial assistance is not obtained from this loan application or private financing sources. BUSINESS MEMBER further agrees that BUSINESS MEMBER will hold LENDER harmless and pay all costs and expenses, including attorney's fees, in the event any claim is made or lawsuit is filed by or against LENDER arising out of any transaction with or assistance to the BUSINESS MEMBER.

Change of Circumstance: BUSINESS MEMBER agrees to notify LENDER immediately, in writing, of any materially unfavorable change in the BUSINESS MEMBER financial condition, business activities, plan or status. The absence of such notification shall be considered a continuing statement that no such unfavorable change has occurred.

Authority and Certifications: BUSINESS MEMBER certifies that the person(s) signing on half of BUSINESS MEMBER is authorized to do so by all individuals, partnerships, partners, corporations, members or other individuals or legal entities that are a party to or receive assistance through this loan application. Furthermore, BUSINESS MEMBER certifies that the statements / representations made herein are true and correct and that BUSINESS MEMBER has disclosed all relevant information to LENDER for processing of loan application including the following responses, with written detailed explanations attached for any question to which BUSINESS MEMBER answers "yes".



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LOAN REQUEST	
Purchase Price.....	\$ _____
Down Payment	\$ _____
Loan Request	\$ _____
Term (Months).....	_____
Interest Rate:.....	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable

USE OF PROCEEDS	
Land.....	\$ _____
Building.....	\$ _____
Vehicles, Machinery, & Equipment	\$ _____
Working Capital.....	\$ _____
Other.....	\$ _____
TOTAL EXPENSES	\$ _____

OWNERSHIP INFORMATION					
BUSINESS OWNER	TITLE <small>(PRESIDENT, MANAGER, PARTNER)</small>	% OF OWNERSHIP <small>(MUST BE EQUAL TO 100%)</small>	DRIVER'S LICENSE # & STATE	DOB	SOCIAL SECURITY NUMBER

PROPOSED GUARANTORS					
NAME	ADDRESS			RELATIONSHIP	
TOTAL		100%			

COLLATERAL				
TYPE*	DESCRIPTION	ADDRESS	VALUE	METHOD OF VALUATION
Total Value			\$ _____	



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REFERENCES			
TYPE	NAME	ADDRESS, CITY, STATE, ZIP	PHONE
Credit Union			
Bank			
Attorney			
Accountant			
Insurance Co.			
Personal (Not Related)			
Relative			

REQUIRED DOCUMENTATION			
ATTACHED	NOT-ATTACHED	DOCUMENTATION	DATE OR PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	Current Financial Statement	
<input type="checkbox"/>	<input type="checkbox"/>	3 Yrs Business Tax Returns	
<input type="checkbox"/>	<input type="checkbox"/>	3 Yrs Personal Tax Returns for all owners and guarantors	
<input type="checkbox"/>	<input type="checkbox"/>	YTD Balance Sheet and Income Statement	
<input type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation	
<input type="checkbox"/>	<input type="checkbox"/>	Operating Agreement	



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APPLICANT INFORMATION			
Name:			
Social Security Number:			
Driver's License Number:			
State Driver's License Issued:			
Date of Birth (MM/DD/YYYY)			
Home Phone:			
Name of Employer:			
Business Phone:			
Occupation:			
Number of Years Employed With This Organization:			
Salary:			
Amount of alimony, child support and separate maintenance payment income:			
Name and address of payer for any alimony, child support or separate maintenance payment income:			
Alimony / child support, separate maintenance received under (please check one):	<input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral		
Income (salary, pension, social security, dividends, interest, etc.):	\$ _____ Per month.		
Number of Dependents:		Ages:	
Have you established a trust? Yes or No Revocable	Irrevocable Name(s) of trustee(s):		
Have you guaranteed or endorsed the notes of any other person? Yes or No			
Do you have any other contingent liabilities? Yes or No			
Are there any outstanding judgments against you? Yes or No			
Have you been declared bankrupt within the last 7 years? Yes or No			



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CO-APPLICANT INFORMATION

Name:			
Social Security Number:			
Driver's License Number:			
State Driver's License Issued:			
Date of Birth (MM/DD/YYYY)			
Home Phone:			
Name of Employer:			
Business Phone:			
Occupation:			
Number of Years Employed With This Organization:			
Salary:			
Amount of alimony, child support and separate maintenance payment income:			
Name and address of payer for any alimony, child support or separate maintenance payment income:			
Alimony child support, separate maintenance received under (please circle one):		court order written agreement oral	
Income (salary, pension, social security, dividends, interest, etc.):		\$ _____ Per month.	
Number of Dependents:			Ages:
Have you established a trust? Yes or No		Revocable	Irrevocable Name(s) of trustee(s):
Have you guaranteed or endorsed the notes of any other person? Yes or No			
Do you have any other contingent liabilities? No			
Are there any outstanding judgments against you? Yes or No			
Have you been declared bankrupt within the last 7 years? Yes or No			



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If applicant resides in a community property state, please complete the following concerning the marital status:
(please check)

- Applicant is: Married Separated Unmarried (Includes single, divorced and widowed)
- Co-Applicant is: Married Separated Unmarried (Includes single, divorced and widowed)

APPLICANT'S SIGNATURE(S)

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.

Applicant's Signature	Date	Co-Applicant's/Joint Credit Signature	Date
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CONSENT

Trailhead FCU may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) an individual co-borrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize the financial institution to obtain a consumer credit report on me for that purpose to evaluate the loan application.

Date: _____ Signature _____ Social Security Number _____ DOB: ____ / ____ / ____

Date: _____ Signature _____ Social Security Number _____ DOB: ____ / ____ / ____