

**Business Loan Application**



Mail or Deliver to:  
First Community Credit Union  
17151 Chesterfield Airport Road  
Chesterfield, MO 63005  
Attn: Business Lending

**BUSINESS INFORMATION:**

**BUSINESS NAME** \_\_\_\_\_

**YOUR NAME/TITLE** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**TYPE OF BUSINESS**      Sole Proprietorship \_\_\_      S Corporation \_\_\_      Non-profit \_\_\_  
    C Corporation \_\_\_      Partnership \_\_\_      LLC \_\_\_

**Federal Tax I.D. Number** \_\_\_\_\_      **Incorporated in what State?** \_\_\_\_\_

**MANAGEMENT INFORMATION:**

Proprietors, partners, officers, directors owning 20% will be expected to guarantee this loan.

Name(s)/Title	Soc. Sec. #	Address	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LOAN REQUEST INFORMATION:**

**Line of Credit** \_\_\_\_\_      **Amount** \_\_\_\_\_      **Purpose:** \_\_\_\_\_  
**Term Loan** \_\_\_\_\_      **Amount** \_\_\_\_\_      **Loan Term Requested** \_\_\_\_\_

**Describe COLLATERAL offered and estimate of value (please include VIN # on any vehicles, if known)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal guarantors offered (Personal guarantees are required for anyone owning 20% or more of business):**  
**Names(s)**

\_\_\_\_\_

\_\_\_\_\_

**Banking Relationships**

Bank Name	Type of Account	Acct. No.	Balance
_____	_____	_____	_____
_____	_____	_____	_____

**BUSINESS FINANCIAL INFORMATION:**

How long has your business been established? (If a start-up, or less than 1 year, a written Business Plan is required) \_\_\_\_\_

How long has your business been under current management? \_\_\_\_\_

Does the company have a management succession plan? If so, list names of successors: \_\_\_\_\_

Describe your product or services: \_\_\_\_\_

How many employees do you have? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_

Is your business seasonal? If yes, when? \_\_\_\_\_

List your major customers: \_\_\_\_\_

What are your selling terms? \_\_\_\_\_

Are any business assets pledged as collateral? Please list: \_\_\_\_\_

Is the business a party to, or involved in, any lawsuit, claim or other proceeding? If yes, please explain: \_\_\_\_\_

Has the business or any principal owner ever declared bankruptcy? \_\_\_\_\_

Is the company delinquent on any federal, state, or local tax obligations? \_\_\_\_\_

Please list the name of your:

Accountant \_\_\_\_\_ Phone Number \_\_\_\_\_

Attorney \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

This information and the information provided on all accompanying financial statements and schedules are provided for the purposes of obtaining credit for the applicant and guarantor. Applicant acknowledges that representations made in this statement and accompanying financial statements will be relied upon by the Credit Union in its decision to grant credit and is true and correct in every detail and accurately represents the financial condition of the Applicant on the date given below. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA. You promise that the credit you are applying for is for a business purpose. Credit Union is authorized to make all inquiries it deems necessary to verify the information contained herein.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Important Financial Disclosure Requirements:**

Please Refer to Enclosed List of "Required Financial Information for Business Loan Applications"

*If you have any questions, or need an extra application or a blank Personal Financial Statement, please contact the Business Services Department at (636) 728-3381, Business Services Department Fax Correspondence to (636) 728-3310.*