



MEMBER BUSINESS LOAN APPLICATION

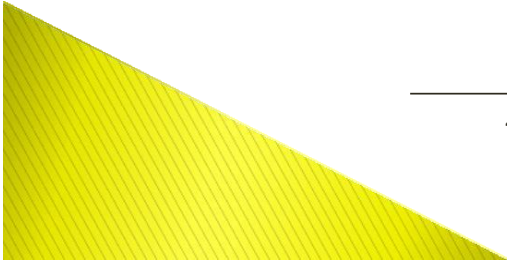
Thank you for your consideration of Desco Federal Credit Union for your borrowing needs. In order for us to provide a timely response to your loan request, please complete the following forms, which are enclosed for your convenience.

1. COMPANY INFORMATION FORM
2. PERSONAL FINANCIAL STATEMENT
3. DEBT SCHEDULE

In addition to the above forms, please provide the following information:

1. Personal Income Tax Returns for the last three (3) years for each guarantor.
2. Business Income Tax Returns for the last three (3) years if organized as a corporation or partnership.
3. Business Financial Statements for the last three (3) years, if applicable.
4. Rent Roll
5. Current Year-To-Date Business Financials (P&L and Balance Sheet)
6. Projections for the next year if this is a new rental property or if adding a product of service.

After you have completed the application, please contact us at 1-800-488-0746



401 Chillicothe St. , P.O. Box 1546 Portsmouth, OH
45662 Phone: 800.488.0746 Fax: 740.353.1483
descofcu.org

**Desco Federal Credit Union
MEMBER BUSINESS LOAN APPLICATION**

COMPANY INFORMATION

| | |
|----------------------------------|-------|
| Business Name | _____ |
| Address | _____ |
| City/State/Zip | _____ |
| Key Contact | _____ |
| Telephone - Home | _____ |
| Telephone - Business | _____ |
| Fax | _____ |
| Email Address | _____ |
| Tax Identification Number | _____ |
| County | _____ |
| Business Industry | _____ |
| Date Established | _____ |

USE OF PROCEEDS

| | |
|--|----------|
| Real Estate Acquisition | \$ _____ |
| Real Estate Improvements | \$ _____ |
| Real Estate Refinance | \$ _____ |
| Machinery & Equipment Acquisition | \$ _____ |
| Business Acquisition | \$ _____ |
| Debt Refinance (Other than Real Estate) | \$ _____ |
| Other | \$ _____ |
| Total Financing Required | \$ _____ |
| Less Borrower's Down Payment | \$ _____ |
| Total Loan Requested | \$ _____ |

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COMPANY INFORMATION CONTINUED

NAME VERIFICATION

You will be executing legal documents for your loan request. Please TYPE or PRINT your company's **legal name** and your **legal name** as it should appear on all documents.

COMPANY NAME _____

STRUCTURE

_____ Corporation _____ Partnership _____ Sole Proprietor _____ LLC

INDIVIDUALS

| First Name | Middle Name/Initial | Last Name |
|------------|---------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

BUSINESS SERVICES AND REFERENCES

Name of your CPA/Bookkeeper

| | | |
|--------------|-------|---------|
| Name of Firm | Phone | Contact |
|--------------|-------|---------|

I certify to the best of my knowledge that the information contained herein is true and correct. For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement. Authorization is hereby given to the lender to verify in any manner it deems appropriate any and all items indicated on this statement. The under-signed also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.

BY: _____ Date: _____

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COMPANY INFORMATION CONTINUED

OWNERSHIP & MANAGEMENT

List the Owners and Ownership Percentage at Closing

| Name | Social Security Number | Address | Birthdate | Percent |
|------|------------------------|---------|-----------|---------|
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*The person or persons listed above may be required to provide a guaranty and further information regarding their financial condition.

AFFILIATE BUSINESS

List below all business concerns in which the applicant or any of the individuals listed in the ownership section above have any ownership.

| Company Name | Owner | Percent Ownership |
|--------------|-------|-------------------|
| | | |
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