



BUSINESS LOAN APPLICATION

Officer Name: _____	Contact Phone No.: _____	Application Received: _____
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IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN

To help the government fight the funding and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account.

What that means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you.

We may also ask to see your driver's license or other identifying documents.

LOAN PURPOSE

The following information is needed to better understand the lending needs of your business.

Select all that apply:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> General or Capital Expenditures | <input type="checkbox"/> Business Improvements | <input type="checkbox"/> Purchase an Existing Business | <input type="checkbox"/> Purchase Price: \$ _____ |
| <input type="checkbox"/> Start-up | <input type="checkbox"/> Refinance or Debt Consolidation | <input type="checkbox"/> Purchase of Real Estate | <input type="checkbox"/> Down Payment: \$ _____ |
| <input type="checkbox"/> Working Capital (specify use): _____ | | <input type="checkbox"/> Purchase Vehicle (please describe): _____ | |
| Other _____ | | <input type="checkbox"/> Purchase Equipment (please describe): _____ | |

Modification to an Existing Azura Loan No.: _____

Change Requested (please describe): _____

Tell us which loan product(s) will help you meet your business needs:

Product	Amount	Product	Amount
<input type="checkbox"/> Commercial Real Estate Mortgage	\$ _____	<input type="checkbox"/> Business Visa Credit Card	\$ _____
Fixed Rate (3 or 5 years) _____ years		How many cards do you need? _____	
Amortization (Up to 25 years) _____ years		Names on Card: _____	
<input type="checkbox"/> Fixed Rate Loan (Up to 7 years) _____	\$ _____		
<input type="checkbox"/> Line of Credit	\$ _____		

FORM OF ORGANIZATION

- | | | | |
|--|--|--|--|
| Type of Entity: <input type="checkbox"/> C Corporation | <input type="checkbox"/> LLC (Limited Liability Company) | <input type="checkbox"/> Partnership | <input type="checkbox"/> Unincorporated Organization |
| <input type="checkbox"/> S Corporation | Select Tax Classification | <input type="checkbox"/> General | <input type="checkbox"/> Association/Club |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> C = C Corporation | <input type="checkbox"/> Limited | <input type="checkbox"/> Non-Profit |
| | <input type="checkbox"/> S = S Corporation | <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Other: _____ |

BUSINESS INFORMATION (APPLICANT/BORROWER)

Business Legal Name: _____		
Doing Business as (DBA) Name, if any: _____	Primary Contact: _____	
Tax I.D. No.: _____	Telephone No.: _____	Email Address: _____
Street Address (no P.O. Boxes): _____		City, State, Zip: _____
Mailing Address (if different): _____		City, State, Zip: _____
Date Business Established: Month _____ Year _____ State of Incorporation: _____		
Number of Employees After Financing _____ List any Affiliated Companies: _____		
Explain Nature of Business: _____		
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Other _____		

BUSINESS OWNERSHIP

Name:	SSN:	Title:	Ownership %:	Owner Since:
Name:	SSN:	Title:	Ownership %:	Owner Since:
Name:	SSN:	Title:	Ownership %:	Owner Since:
Name:	SSN:	Title:	Ownership %:	Owner Since:

COLLATERAL TO SECURE YOUR BUSINESS LOAN

The following information will help us better understand the assets being pledged to secure your business loan request.

CHECK ONLY the following collateral that is being offered to secure your Business loan request. Current Value, Lien(s), description & owner name(s) are required for all pledged collateral.

Collateral	Current Value	Current Lien(s)	Describe Collateral (if real estate also provide address)	Owner Name(s)
Azura Credit Union <input type="checkbox"/> CD <input type="checkbox"/> Savings	\$			
Marketable Securities	\$			
Equipment <input type="checkbox"/> New <input type="checkbox"/> Used	\$			
Vehicle <input type="checkbox"/> New <input type="checkbox"/> Used	\$			
Accounts Receivable	\$			
Inventory	\$			
Owner Occupied Real Estate <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	\$			
Investment Real Estate <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other	\$			

BUSINESS OBLIGATIONS/DEPOSIT RELATIONSHIPS

The following information is required to process your application & will help us get a complete view of your current banking relationships.

Include all business loans & business deposit relationships (including existing accounts with Azura Credit Union). Do not include rent on office space or other facilities.

Business Obligations

Creditor	Loan Type	Current Balance	Monthly Payment	Collateral
		\$	\$	
		\$	\$	
		\$	\$	

Or Check if additional Information accompanies this application.

Business Deposit Relationships

Deposit Type	Financial Institution Name	Current Balance
<input type="checkbox"/> CHK <input type="checkbox"/> SAV		\$
<input type="checkbox"/> CHK <input type="checkbox"/> SAV		\$
<input type="checkbox"/> CHK <input type="checkbox"/> SAV		\$

Or Check if additional Information accompanies this application.

BUSINESS FINANCIALS

The following information provides us details about the financial background of your business.

Gross Sales/Revenue	Business Net Income (Net Loss)
\$	\$

STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Wisconsin Residents: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
X	(Seal)

AGREEMENT/SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize Azura Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that Azura Credit Union will rely on the information in this application and your credit report to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. If you request, Azura Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.

The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower and guarantor(s), as appropriate grants to Azura Credit Union the authority to use reasonable means to verify application information by requesting credit bureau reports, accessing information about borrower and guarantor(s), as appropriate from other third party information providers, and other means if applicable. Borrower further grants to Azura Credit Union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. Borrower agrees to pay any fees charged by Azura Credit Union for processing this application and other related expenses whether the application is approved or denied. You promise that the credit you are applying for is for a business purpose. By signing below or by using your card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

Print Name:

Print Name:

Other Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

Print Name:

Print Name:

CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	Approved Limits:	Signature: \$	Line of Credit \$	Other \$	Other:	Debt Ratio/Score Before After
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