

PART 1. BUSINESS INFORMATION

Complete Legal Bu	siness Name:						
DBA Name:	e: Federal Tax ID:						
Address:							
City:	State: Zip:						
Business Descriptio	on:						
Date Established: Business Phone Number:							
Type: Sole Proprietor Partnership Corporation LLC or LLP SCorp. Non-Profit							
Primary Contact Name: Phone Number:							
Primary Contact Em	nail:						
PART 2: APPLICAN	T PROPOSED CR	EDIT FACIL	.ITY				
Loan Amount:							
Type of Loan:	Term Loan	Start-	up Loan 🛛 🔿 M	icroloan		3A Loar	1
Business Acquisition/Buyout Revolving Line of Credit (RLOC)							
	Business Visa C	Credit Card					
Term Loan Disburs	sement: Cas	hier's Checl	k 🔵 Wire Transfei		ccoun	it:	
For term loans only	y, automatic pay	/ment?	Yes No				
For RLOCs only wi	th an SCCCU acc	:ount: Auto	matic Payment?	Yes No			
For Auto Loans On	l y: Dealer			Contac	t		
Address							
Telephone Please submit purchase contract.							
PART 3: ADDITIONAL BUSINESS INFORMATION (Please provide information for the last 3 fiscal years)							
Fiscal Year Ended	Annual Revenu	ie Annua	al Net Profit (Loss)	Total Assets		Total I	_iabilities
	\$	\$		\$		\$	
	\$	\$		\$		\$	
Primary Bank: Total Checking Account Balance:							
Existing Business Loan With		Balance Due	To be paid off by subject request?	Monthly Payment (P&I)		lateral dged	Maturity Date
		\$	Yes No	\$			
		\$	Yes No	\$			
		\$	Yes No	\$			
Tatal Dalamas D		\$	Yes No Total Monthly Payment:	\$ \$			
Total Balance Due:		Ψ	iotar Montiny rayment.	Ψ			



PART 4: OWNERS OF BUSINESS

Owner Name:	Title:	
Physical Address:		
Social Security No:	% Ownership:	Date of Birth:
Owner Name:	Title:	
Physical Address:		
Social Security No:	% Ownership:	Date of Birth:
Owner Name:	Title:	
Physical Address:		
Social Security No:	% Ownership:	Date of Birth:
Owner Name:	Title:	
Physical Address:		
Social Security No:	% Ownership:	Date of Birth:

PART 5: AUTHORIZED USERS ON BUSINESS VISA

Authorized User Name:	Date of Birth:
Social Security No:	Cell Phone number:
Authorized User Name:	Date of Birth:
Social Security No:	Cell Phone number:
Authorized User Name:	Date of Birth:
Social Security No:	Cell Phone number:
Authorized User Name:	Date of Birth:
Social Security No:	Cell Phone number:

PART 6: RELATED BUSINESS ISSUES - Purpose of Loan



PART 7: PLEASE ANSWER ALL QUESTIONS

On behalf of Applicant, Co-aplicant(s) and all Owners/Guarantors:

Have you ever declared bankruptcy? Yes No		
Are you a party to any claim or lawsuit? Yes No		
Are you current with all employee withholding and/or income taxes, Federal and State? OYes ONo		
Are there or have there been any satisfied or unsatisfied judgements against you? Yes No		
Have you given a lender a deed in lieu of foreclosure or been involved in a loan default? OYes ONo		
Are any assets on financial statements pledged to secure indebtedness other than liabilities listed? O Yes O No		
Are any Owner/Guarantor assets held in personal trusts? O Yes O No		

PART 8: AFFIRMATION & SIGNATURE

I (we) hereby affirm that the foregoing information contained in this business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand that Santa Cruz Community Credit Union (SCCCU) is relying on this application in making loan(s) to me. SCCCU 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 SCCCU for that purpose now and in the future. SCCCU may disclose to any other interested parties SCCCU's experience with this account. I agree to inform SCCCU immediately of any matter which will cause any material change to my financial condition. I understand that SCCCU will retain this business loan application whether or not the credit is granted.

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 contact Santa Cruz Community Credit Union.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided 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 creditor is: Federal Trade Commission, 400 7th St., SW Washington, DC 20024, Telephone: (202) 326-2222.

Entity Name:	Entity Name:
By:	By:
Title:	Title:
Applicant Signature:	Applicant Signature:
Date:	Date:

SEND YOUR COMPLETED APPLICATION BY MAIL, FAX, OR SECURE EMAIL:

MAIL: Santa Cruz Community Credit Union, P. 0. Box 1877, Santa Cruz, CA 95061 • FAX: 831-425-4824 SECURE EMAIL LINK AVAILABLE AT: https://scccu.org/busines-loan-application-information