

SEFCU Business Loan Application



BUSINESS INFORMATION

Legal name of Company: _____ Account # _____

Trade Name (if different): _____ Federal Tax ID #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Title: _____

Business Telephone Number: _____ Business Fax Number: _____

Type of organization:

Corporation/S-Corp Non-Profit Organization Limited Liability Corporation/LLP

General Partnership/Ltd. Partnership Other _____

Industry/business type:

Manufacturing Wholesale Retail Service Other _____

Date Business Established: _____ Current ownership and control since: _____

Number of Employees: Before loan: _____ After Loan: _____ Net Annual Income: _____

Total Assets: _____ Total Liabilities: _____

Description of business (including competitive advantages): _____

Does the company or do the owners of the company have ownership interest(s) in any other business? Yes No
If yes, please list the company name(s) and percentage of ownership: _____

Does the company have any additional business locations? Yes No If Yes, please list the addresses: _____

OWNERSHIP / MANAGEMENT INFORMATION: (list all owners of the company)

Name	Social Security #	Title	% Ownership	# of Years in this Line of Business	Monthly Housing Payment

BUSINESS ACCOUNTS

Bank Name	Phone Number	Account Type	Account Number	Balance

BUSINESS INDEBTEDNESS

To Whom Payable	Original Amount	Current Balance	Monthly Payment	Interest Rate	Collateral Pledged

Please list all leases, guaranties, commitments, contingencies or any other debts not listed on the financial statement (including operating leases) on a separate piece of paper.

LOAN REQUEST INFORMATION

Type of Loan Requested	Requested Amount	Requested Term:	Use of Proceeds:
<input type="checkbox"/> Working Capital Line of Credit	\$ _____	Revolving	_____
<input type="checkbox"/> Business Term Loan	\$ _____	_____ mos.	_____
<input type="checkbox"/> SEFCU Visa Business Gold (minimum \$2,500)*	\$ _____	Revolving	_____

*Please attach a list of authorized users and desired credit limits for each.

Describe collateral: _____

REAL ESTATE LOAN REQUESTS ONLY

If the loan will be secured by real estate, please provide the following information:

Property Type: Retail Office Industrial Warehouse Multi-Family Other: _____

Do you currently own this property? Yes No % Occupied by Business: _____

Property titled or to be titled in the name(s) of: _____

Property Address: _____

Year Constructed: _____ Square Feet: _____ Number of Units: _____ Estimated Value: _____

ADDITIONAL INFORMATION

Has your business or have any principals of the business been involved in a bankruptcy or insolvency proceeding? Yes* No

Is your business or are any of the businesses currently involved in any pending judgments, claims, or lawsuits? Yes* No

Does your business have any tax or employee payments which are delinquent or in dispute? Yes* No

Have any principals of the business or guarantors (if any) ever been convicted of a felony? Yes* No

Are all principals of the business and guarantors (if any) United States citizens? Yes No

*If you answered yes to any of the questions listed above, please provide a written explanation.

Business Accountant: _____

Business Attorney: _____

Business Insurance Agent: _____

Please send me additional information on:

Merchant Services – Visa, MasterCard, and American Express transactions processed through Concord EFS

Wealth management services - 401(k) and other institutional retirement plans, pension plans, 529 College Savings programs

SEFCU Insurance Group – institutional insurance programs including life, supplemental life, cancer expense protection, and AD&D; “key-man” life policies, commercial property and casualty insurance

CERTIFICATION AND SIGNATURE(S)

The undersigned certifies that all the statements in this Business Loan Application and on each of the documents submitted with this application are true and complete. The undersigned authorize SEFCU to verify or check any necessary and reasonable inquiries including, but not limited to; obtaining credit reports, contacting references and obtaining criminal investigation reports regarding the information provided on this application. The undersigned acknowledges that all supporting information included in this application will remain the property of SEFCU. The undersigned further agrees to notify SEFCU of any material changes in the information provided.

By _____ Title: _____ Date: _____

By _____ Title: _____ Date: _____

**700 Patroon Creek Blvd.
Albany, NY 12206
518-464-5357 or 518-464-5290
www.sefcu.com**





PERSONAL FINANCIAL STATEMENT

PLEASE FILL OUT AS MANY SECTIONS AS APPLICABLE

Section 1 - Individual Information (type or print)	Section 2 - Other Party Information (type or print)
Name	Name
Address	Address
City, state & zip	City, state & zip
Position or occupation	Position or occupation
Business name	Business name
Business address	Business address
City, state & zip	City, state & zip
Length of employment	Length of employment
Res. phone Bus. phone	Res. phone Bus. phone

Section 3 - Statement of Financial Condition as of _____, 20____			
Assets (do not include assets of doubtful value)	In dollars (omit cents)	Liabilities (do not include assets of doubtful value)	In dollars (omit cents)
Cash on hand and in this bank		Notes payable to bank - see Schedule E	
Cash in other banks		Notes payable to other institutions - see Schedule E	
U.S. Gov't. & marketable securities - see Schedule A		Due to brokers	
Non-marketable securities - see Schedule B		Amounts payable to others - secured	
Securities held by brokers in margin accounts		Amounts payable to others - unsecured	
Restricted, control, or margin account stocks		Accounts and bills due	
Real estate owned - see Schedule C		Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable - see Schedule C & E	
Other personal property		Other debts (car payments, credit cards, etc.) - Itemize	
Cash surrender value - life insurance - see Schedule D			
Other assets - itemize - see Schedule F if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Section 4 - Annual Income For Year Ending _____, 20____	Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary, bonuses & commissions \$ _____	Mortgage, rental payments \$ _____	Do you have any Yes No	
Dividends & interest _____	Real estate taxes & assessments _____	Contingent liabilities (as endorser, co-maker or guarantor on leases or contracts? <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Real estate income _____	Taxes - Federal, states & local _____	Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Other income _____	Insurance payments _____	Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/>	\$ _____
(alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Other contract payments (car payments, charge cards, etc.) _____	Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/>	\$ _____
	Alimony, child support maintenance _____	If yes to any questions, please describe below	
	Other expenses _____		

Total Income \$ _____

Total Expenditures \$ _____

Total Contingent Liabilities \$ _____

SCHEDULE A - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of shares or face value of bonds	Description	In Name Of	Are these registered, pledged or held by others?	Market value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of shares	Description	In name of	Are these registered, pledged or held by others?	Value	Source of value

SCHEDULE C - RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and type of property	Title In name of	% of Ownership	Date acquired	Cost	Market value	Monthly payment	Mortgage amount	Mortgage maturity
Residence(s)								
Residence(s)								
Other								
Other								

SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of insurance company	Owner of policy	Beneficiary and relationship	Face amount	Policy loans	Cash surrender value

SCHEDULE E - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and address of creditor	Original loan/line amount	Date of loan	Maturity date	Unsecured or secured (list collateral)	Amount owed

SCHEDULE F - BUSINESS VENTURES

List name and address of any business venture in which you are a principal or partner	Total assets listed in Section 3	Your % of ownership	Your position/title in the business	Total assets of business	Line of business	Years in business

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agree to notify you immediately and in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantial correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (individual) _____

Social Security Number _____

Date signed _____ 20____

Date of Birth _____

Signature (individual) _____

Social Security Number _____

Date signed _____ 20____

Date of Birth _____