



204 W Thayer Ave  
Bismarck, ND 58501

**BUSINESS LOAN APPLICATION**  
**CONFIDENTIAL**

**COMPANY INFORMATION**

Legal Name of Business: \_\_\_\_\_  
 d/b/a or Trade Name (if different): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Telephone Number: ( ) - - Federal Tax Identification Number: \_\_\_\_\_

**TYPE OF ORGANIZATION**

- Sole Proprietorship     Corporation     Limited Liability Company     General Partnership  
 S-Corporation     Limited Partnership     Limited Liability Partnership     Other \_\_\_\_\_

**INDUSTRY/BUSINESS TYPE**

- Manufacturing     Wholesale     Retail     Service     Other \_\_\_\_\_

Date Established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Current ownership and control since: \_\_\_\_\_

Number of Employees:    Before loan: \_\_\_\_\_      After loan: \_\_\_\_\_

Description of business (including competitive advantages): \_\_\_\_\_

Affiliate/Subsidiary: \_\_\_\_\_      Number of Employees at Affiliate/Subsidiary: \_\_\_\_\_

Is your business a franchise?     Yes     No    If yes, please provide a copy of the Franchise Agreement, Franchiser's FTC Disclosure Statement, and Franchiser's financial statement.

**BUSINESS ACCOUNTS**

Financial Institution Name	Phone Number	Account Type	Account	Balance
	( ) -			
	( ) -			
	( ) -			

**BUSINESS INDEBTEDNESS (Attach additional sheet if necessary)**

To Whom Payable	Original Amount	Original Date	Current Balance	Monthly Payment	Interest Rate	Maturity Date	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.

**OWNERSHIP/MANAGEMENT INFORMATION (List all owners of Applicant and Affiliates/Subsidiaries)**

For all officers, proprietors, general partners, and owners of 20% or more, including limited partners, please complete the following:

Name	Social Security Number	Title	% Ownership
1.			
2.			
3.			
4.			
5.			

- Are any of the above listed presently under indictment, on parole, or on probation?  Yes\*  No
- Have any of the above ever been charged with, or arrested for, any criminal offense other than a minor motor vehicle violation?  Yes\*  No
- Have any of the above listed ever been convicted of any criminal offense other than a minor motor vehicle violation?  Yes\*  No
- 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 principals of the business, currently involved in any pending judgments, claims or lawsuits?  Yes\*  No
- Does anyone or their spouse who manages or owns your business work for SBA, any Federal agency, or Capital Credit Union?  Yes\*  No

\* If you answered yes to any of the above, please furnish details on a separate sheet.

For all non-officers and owners of less than 20%, please complete the following:

Name	Social Security #	% Ownership	Current Home Address City, State

**LOAN REQUEST INFORMATION**

Use of Requested Loan:	Requested Amount:	Requested Facility
<input type="checkbox"/> Land/Building Acquisition/Construction/Expansion/Repair	\$ _____	<input type="checkbox"/> Term Loan
<input type="checkbox"/> Leasehold Improvements	\$ _____	<input type="checkbox"/> Line of Credit
<input type="checkbox"/> Acquisition/Repair of Machinery or Equipment	\$ _____	<input type="checkbox"/> Commercial Mortgage
<input type="checkbox"/> Inventory	\$ _____	
<input type="checkbox"/> Working Capital	\$ _____	
<input type="checkbox"/> Acquisition of Existing Business	\$ _____	
<input type="checkbox"/> Debt Refinance	\$ _____	
<input type="checkbox"/> Other _____	\$ _____	
<input type="checkbox"/> Less: <input type="checkbox"/> Equity Injection <input type="checkbox"/> Cash from Operations	\$ ( _____ )	
<b>Total Request</b>	\$ _____	

**OTHER INFORMATION**

	<u>Yes</u>	<u>No</u>	<u>Send Information</u>
Does your business carry "Key Person" life insurance on any officers, owners or managers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your business have a succession plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your business have an employee retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business Accountant: \_\_\_\_\_

Business Attorney: \_\_\_\_\_

Business Insurance Agent: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Credit Denial Notice.** If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and 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: *Capital Credit Union, 204 W. Thayer Ave, Bismarck, ND 58504. Ph # 1-701-255-0042* within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

**Equal Credit Opportunity Notice:** 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 (providing the applicant has the capacity to enter into 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: *NCUA, 1775 Duke St., Alexandria, VA 22314-3428.*

**CERTIFICATION AND SIGNATURE**

The undersigned certifies that all the statements in this Loan Application and on each of the documents submitted with the application are true and complete. The undersigned authorizes Capital Credit Union to make the necessary and reasonable inquiries regarding the information provided. The undersigned acknowledges that all supporting information included in this application will remain the property of Capital Credit Union. The undersigned further agrees to notify Capital Credit Union of any material changes in the information provided.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_