

# Business Loan Application



3777 West Road, PO Box 1208  
 East Lansing, MI 48826  
 Phone: 517-333-2365  
 Fax: 517-664-4865

Section 1 - Credit Requested			
Total Funds Needed	\$ _____	Term of Loan Requested	Loan Type
Less Funds Provided by You	-\$ _____		
Less Funds Provided by Others	-\$ _____	How will the funds be used?	
Total Loan Needed	\$ _____		

Section 2 - Business Information					
Applicant Company		Company Legal Name		DBA/Franchise Name (if applicable)	
Phone		Fax		Website	
Company Street Address		City		State	ZIP
Company Mailing Address		City		State	ZIP
Principal Office Address (if not listed above)		City		State	ZIP
Federal Tax ID Number		Description of Business (SIC or NAICS code)			
Business Structure		<input type="checkbox"/> Individual(s) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Unincorporated Association	
State of Organization	County		Date Company Founded		Date of Current Ownership
Type of Business		<input type="checkbox"/> Service <input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Distribution <input type="checkbox"/> Other _____	
Number of Locations	Number of Employees				

Section 3 - Primary Contact	
Name	Email <input type="checkbox"/> Check if preferred method
Office Phone <input type="checkbox"/> Check if preferred method	Mobile Phone <input type="checkbox"/> Check if preferred method

Section 4 - Company Ownership			
List below all owners, partners, Limited Liability Company (LLC) members, and stockholders totaling 100% of ownership.			
Name	Address	Ownership %	Social Security Number
		%	
		%	
		%	

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## Section 4 - Company Ownership (Continued)

List below all owners, partners, Limited Liability Company (LLC) members, and stockholders totaling 100% of ownership.

Name	Address	Ownership %	Social Security Number
		%	
		%	
		%	

Total: \_\_\_\_\_ (should add to 100%)

## Section 5 - Affiliates

**Use additional sheet if necessary.**

List below all business concerns in which the applicant's company or any of the individuals listed in the Ownership Section above have ownership or controlling interest. Affiliation also exists where an individual(s) has control of the company and other concerns, even though the ownership is less than 20%.

Company Name	Owned by	# of Employees	Ownership %
Street Address	City	State	ZIP
Company Name	Owned by	# of Employees	Ownership %
Street Address	City	State	ZIP
Company Name	Owned by	# of Employees	Ownership %
Street Address	City	State	ZIP
Company Name	Owned by	# of Employees	Ownership %
Street Address	City	State	ZIP

## Section 6 - Schedule of Business Debt (Use Additional Sheet if Necessary)

Original Amount \$	Current Balance \$	Monthly Payment \$	% Rate <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Lender	Loan Number	Phone Number	
Collateral		Original Date	Maturity Date
Original Amount \$	Current Balance \$	Monthly Payment \$	% Rate <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Lender	Loan Number	Phone Number	
Collateral		Original Date	Maturity Date
Original Amount \$	Current Balance \$	Monthly Payment \$	% Rate <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Lender	Loan Number	Phone Number	
Collateral		Original Date	Maturity Date

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## Section 7 - Collateral Offered by This Applicant (Use Additional Sheet if Necessary)

Description	Value	Total Liens	Ownership Status for This Applicant	Creditor Name
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
	\$	\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	

## Section 8 - Other Information

Any unsettled lawsuits, judgments, or disputes?  Yes  No

If yes, when, what, and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Section 9 - Authorized Signers for This Applicant (Use Additional Sheet if Necessary)

Name	Title	Date of Birth	SSN
Street Address	City	State	ZIP
Name	Title	Date of Birth	SSN
Street Address	City	State	ZIP
Name	Title	Date of Birth	SSN
Street Address	City	State	ZIP
Name	Title	Date of Birth	SSN
Street Address	City	State	ZIP

## Section 10 - Professional Services

Accounting Firm	Contact Name	Phone
Law Firm	Contact Name	Phone
Insurance Agency	Contact Name	Phone

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## Applicant Signatures

I/We hereby apply for the loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, including Federal Income Tax returns, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. MSUFCU is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by MSUFCU for that purpose. MSUFCU may disclose to any other interested parties information as to MSUFCU's experiences or transactions with my/our account. I/We understand that MSUFCU will retain this application and any other credit information MSUFCU receives, even if no loan or credit is granted. These representations and authorizations extend not only to MSUFCU, but also to any insurer of the loan and to any investor to whom MSUFCU may sell all or part of the loan. I/We further authorize MSUFCU to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit, or loan.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title / Position \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_