



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Business Loan Application

1. Borrower Information:

Name of Borrower: _____ Business Member Number: _____

If Borrower is a DBA _____ (Legal Entity of Business Name or DBA Name)

Owner's Name: _____ Tax ID (TIN/EIN): _____

Email Address: _____ Business Phone: _____ Business Fax: _____

Business Entity: Sole Proprietor/DBA General Partnership Limited Partnership LLC/PLLC LLP
 Corporation (C-Corp) S-Corp Non-Profit Club/Association

State and County of Incorporation/Filing: _____

Business Type: Manufacturing Money Service Business Professional Real Estate
 Retail Transportation Other: _____

Purpose of Business: _____ Number of Years in Business: _____ Gross Annual Sales: \$ _____

Business Mailing Address: _____

(If P.O. Box, please indicate actual street address below)
City: _____ State: _____ Zip: _____

Business Street Address: _____

(If different than mailing address)
City: _____ State: _____ Zip: _____

2. Select Products (refer to product information for minimum and maximum amounts):

Business Line of Credit New Line Increase Amount Requested: \$ _____

Purpose of Line: _____

Business Term Loan Amount Requested: \$ _____ Term Requested in Months: _____

Purpose of Loan: _____

Business Mortgage Loan Amount Requested: \$ _____ Term Requested in Months: _____

Purchase OR Refinance Property Address: _____

City: _____ State: _____ Zip: _____

Business Overdraft Line of Credit New Line Increase Amount Requested: \$ _____

Link to Business Checking Account Number: _____

ESL Visa® Business Credit Card with Rewards New Line Increase Amount Requested: \$ _____

ESL Visa® Business Credit Card no Rewards New Line Increase Amount Requested: \$ _____

For ESL Visa® Business Credit Cards, the combined card limit cannot exceed \$25,000.

Authorized User/Employee Name*	Cardholder 1	Cardholder 2	Cardholder 3	Cardholder 4
Credit Limit	\$ _____	\$ _____	\$ _____	\$ _____

*For a DBA, only one card will be issued in the name of the Sole Proprietor.

3. Business Ownership (all owners, officers and partners with 10% or greater ownership must sign application. Attach additional sheets for additional owners.):

First Name: _____ Middle Initial: _____ Last Name: _____ % Ownership: _____

Number of Years You Have Owned This Business: _____ Social Security Number: _____ Date of Birth: _____

Citizenship: United States Other _____

Home Address (include Apt. No.): _____ City: _____ State: _____ Zip: _____

Number of Years at this Address: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Net Worth: \$ _____ Annual Salary/Income: \$ _____ Source of Income/Salary: _____

(Exclude value of your business)

4. Business Deposit Accounts (summary):

Name of Financial Institution	Type of Account	Estimated Average Balance
		\$
		\$
		\$
		\$

5. Business Debts (summary):

Name of Creditor	Loan Type (Term, Line, etc.)	Current Balance	Total Monthly Payment	Secured By (Collateral)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

6. General Information (for detailed explanation, please attach separate sheet if necessary):

- Has the business or any owner ever declared bankruptcy? Yes No If Yes, explain: _____
- Is the business or any owner party to any lawsuit or legal action? Yes No If Yes, explain: _____
- Is the business or any owner subject to any outstanding judgments or collections? Yes No If Yes, explain: _____
- Are any of the business' or business owner's taxes past due? Yes No If Yes, explain: _____
- Are any of the owners on probation or parole? Yes No If Yes, explain: _____
- Have any of the owners ever been charged or convicted for a criminal offense? Yes No If Yes, explain: _____

APPRAISAL NOTICE: If applicable, you have the right to a copy of the appraisal report used in connection with your application for credit. If you wish to get a copy, please write to us at the mailing address above. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application. In your letter, give us the following information: date of application, name(s) of the loan applicant(s), property address and your current mailing address.

CREDIT DENIAL NOTICE: If the gross revenues of the applicant were \$1,000,000 or less in the previous fiscal year and the application for business credit is denied, the applicant has the right to a written statement of the specific reason(s) for the denial. To obtain the statement the applicant should contact: ESL FEDERAL CREDIT UNION, ATTN: BUSINESS BANKING, P.O. BOX 92714, ROCHESTER, NY 14692-8814 within 60 days from the date the applicant is notified of the decision. ESL will send a written statement of reason(s) for the denial within 30 days of receiving the request for the statement.

ECOA NOTICE: You should know that the Federal Equal Credit Opportunity Act prohibits creditors, such as ourselves, from discriminating against credit applicants on the basis of their race, color, religion, natural origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because they receive income from a public assistance program, or because they may have exercised their rights under the Consumer Credit Protection Act. If you believe there has been discrimination in handling your application you should contact: National Credit Union Administration, Region I Office, 9 Washington Square, Washington Avenue Extension, Albany, NY 12205, 518.862.7400.

7. Complete the following Personal Financial information for all requests totaling \$25,000 or more (if more than one owner, attach additional Personal Financial Statement forms for each owner):

PERSONAL FINANCIAL STATEMENT

Name (Owner 1 listed in Section 3 above): _____

Name of Spouse (if assets listed below are held jointly): _____

Assets	Amount in Dollars
Cash—checking and savings accounts	\$
Certificates of Deposit	
Securities—stocks, bonds, mutual funds	
Notes & contracts receivable (describe below)	
Life Insurance (cash surrender value) (describe below)	
Personal Property (autos, jewelry, etc.)	
Retirement Funds (i.e. IRAs, 401k)	
Real estate (market value)	
Other assets (specify)	
Other assets (specify)	
Total Assets	\$

Liabilities	Amount in Dollars
Current Debt (Credit cards, Accounts)	\$
Notes payable (describe below)	
Taxes payable	
Real estate mortgages (describe below)	
Other liabilities (specify)	
Other liabilities (specify)	
Other liabilities (specify)	
Total Liabilities	\$
Net Worth	\$

Details**ASSETS—Details****Notes and contracts held**

From Whom Owning	Original Amount	Original Date	Monthly Payment	Maturity Date	History/Purpose
	\$		\$		
Total					

Securities: stocks, bonds, mutual funds

Name of Security	Number of Shares	Cost	Date of Acquisition	Market Value
		\$		\$
Total				

Stock in privately held companies

Company Name	Number of Shares	Amount Invested	Est. Market Value
		\$	\$
Total			

Real Estate

Description/Location	Amount Owning	Original Cost	Purchase Date	Market Value
	\$	\$		\$
Total				

Life Insurance Policies

Name of Insurance Company	Owner of Policy	Beneficiary (list all)	Policy/Face Amount	Cash Value	Loans Against Cash Value
1.				\$	\$
2.					
3.					
Total					

LIABILITIES—Details

Notes payable (excluding monthly bills)

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Collateral)	Amount Owning
	\$	\$			\$
Total					

Mortgage/real estate loans payable

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Collateral)	Amount Owning
	\$	\$			\$
Total					

Attach additional sheets for any additional owners.

8. Additional Information may be required to process this application, including, but not limited to, copies of signed tax returns.

9. 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 and/or attached documents, 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 be used for business purposes only and will not be used for any illegal or restricted purpose. I/We authorize ESL Federal Credit Union (ESL) to obtain personal credit reports and, at its discretion, business review credit reports in connection with this application and any account established hereby, as well as any update, renewal, extension, review or collection thereof. ESL may disclose to any other interested parties information as to the experiences or transactions ESL has had with my/our account. I/We understand that ESL will retain this application and any other credit information ESL receives, even if no loan or credit is granted. These representations and authorizations extend not only to ESL, but also to any insurer of the loan and to any investor to whom ESL may sell all or any part of the loan. I/We further authorize ESL to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan. My/Our signature(s) is/are binding on me/us and the business named above. Each person signing below for the business applying for credit certifies that all necessary action has been taken to authorize the business to execute this Business Loan Application and that he/she individually has full authority to act on behalf of the business and thereby bind the business. The foregoing authorization supersedes any other resolution or other authorization, whether given to ESL before or in the future. EACH PERSON SIGNING BELOW ACKNOWLEDGES ESL HAS NOT YET AGREED TO MAKE CREDIT AVAILABLE TO THE BUSINESS AND ESL HAS THE SOLE RIGHT TO DECIDE WHETHER TO DO SO.

USA PATRIOT ACT:

To help our government fight the funding of terrorism and stop 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 for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

1. _____
 Authorized Signature (and as guarantor and obligor) Authorized Signer Name (please print) Date

2. _____
 Authorized Signature (and as guarantor and obligor) Authorized Signer Name (please print) Date

You may mail completed forms (Application, Personal Financial Statement(s) and any attachments) to:

ESL Federal Credit Union
Attn: Business Banking
P.O. Box 92714
Rochester, NY 14692-8814

FOR INTERNAL USE ONLY

Business Membership Savings Account Number: _____ Org. Number: _____
 Referring Branch: _____ Person/Teller Number: _____ Person/Teller Name: _____