



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Business Loan Application

1. Borrower Information

Name of Borrower: _____ Business Member Number: _____
(Legal Entity of Business Name or DBA Name)

If Borrower is a Sole Proprietor

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) Business Individual Non-Profit Club/Association S-Corp

Nature/Purpose of Business: _____ Date Business Established: _____

Prior Year Revenue: \$ _____ State/County of Incorporation/Filing: _____

Number of Employees: _____ Number of jobs to be created with use of loan (if applicable): _____

Number of jobs that will be retained as a result of the loan that would have been lost otherwise (if applicable): _____

Is this business an existing franchise? Yes No Will funds be used to purchase a franchise? Yes No

Franchise Name (if answer to either of the above questions is yes) : _____

Affiliates or Subsidiaries (if applicable): _____

If business is less than two years old, please answer the following questions:

Do the owners of the business have previous experience in this industry? Yes No

Will this business become the owners only source of income? Yes No

If no, list additional source of income: _____

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

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

Business Overdraft Line of Credit Link to Business Checking Account Number: _____

New Amount Requested: \$ _____

Line Increase Amount of Increase: \$ _____ New Limit Requested: \$ _____

Business Line of Credit Purpose of Line: _____

New Amount Requested: \$ _____

Line Increase Amount of Increase: \$ _____ New Limit Requested: \$ _____

Automatically deduct payment from ESL Business Account Number: _____

Business Term Loan Purpose of Loan: _____
 Fixed Rate Amount Requested: \$ _____ Term Requested in Months: _____
 Variable Rate
 Automatically deduct payment from ESL Business Account Number: _____

Business Mortgage Loan Amount Requested: \$ _____
 Purchase* Construction Term in Months (maximum of 36 months): _____
 Refinance* Mortgage Term in Months (maximum of 180 months): _____
 Construction Property Address: _____
 *Complete additional HMDA Information Sheet when applicant(s) is/are a natural person(s). City: _____ State: _____ Zip: _____
 Type of Property: Residential Retail Industrial Other: _____

ESL Visa® Business Credit Card with Rewards OR ESL Visa® Business Credit Card no Rewards
 New Amount Requested¹: \$ _____
 Line Increase Amount of Increase: \$ _____ New Limit Requested¹: \$ _____

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

1: If requesting more than \$25,000, please call 585.336.1315. 2: Cardholder 1 will be the Primary Contact.

Standby Letter of Credit Amount Requested: \$ _____
 Beneficiary: _____

3. Business Ownership/Control Person

(All owners, officers or partners with 10% or greater ownership must sign application. See section 10 for additional owners.) The first owner listed here must be an individual with significant responsibility (known as the Control Person) for managing the legal entity listed as the Borrower in Section 1 above.

First Name: _____ Middle Initial: _____ Last Name: _____ % Ownership: _____
 Number of Years You Have Owned this Business: _____ Social Security Number: _____ Date of Birth: _____
 Citizenship: United States Permanent Resident Alien & Number: _____ Other: _____
 Are you a Veteran of the United States Armed Forces? Yes No Personal Member Number: _____
 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

Has the business or any owner/guarantor ever declared bankruptcy? Yes* No

Is the business or any owner/guarantor party to any lawsuit, legal action or subject to any outstanding judgments or collections? Yes* No

Are any of the business' or business owner's/guarantor's taxes past due? Yes* No

Have any of the owners/guarantors ever been arrested, charged, on probation or parole, or convicted for a criminal offense? Yes* No

Has the business or any owner/guarantor been denied for an SBA Guaranteed Loan? Yes* No

Has an application for the business loan currently being applied for ever been submitted to SBA or to a Certified Development Center (CDC) or lender in connection with an SBA program? Yes* No

Are any of the business' revenues derived from gambling or from the sale of products or services, or the presentation of any depiction, displays or live performances, of a prurient sexual nature? Yes* No

Has the business or any owner/guarantor used a packager, broker, accountant, lawyer, etc. to assist in either preparing the loan application or any related materials and/or referring the loan to the lender? Yes* No

*Please attach separate sheet with detailed explanation.

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 listed below. 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.

FOR LOANS SECURED BY A 1-4 FAMILY RESIDENTIAL DWELLING: We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

PERSONAL FINANCIAL STATEMENT

7. Complete the following personal financial information for all requests totalling more than \$100,000 (if more than one owner, attach additional Personal Financial Statement forms for each owner):

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

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

Assets	Dollar Amount
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 (IRAs, 401k, etc.)	
Real Estate (market value)	
Other Assets (specify):	
Other Assets (specify):	
Total Assets	\$

Liabilities	Dollar Amount
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	\$

ASSETS – Details

Notes and contracts held

Due From Whom	Current 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
			\$	\$	\$
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. Signature(s)

The information contained in this statement is provided to induce ESL Federal Credit Union (ESL) to extend or to continue the extension of credit to the business applicant and to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that ESL is relying on the information provided herein in deciding to grant or continue credit or to accept guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify ESL 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 ESL. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fails to notify ESL as required above, or if any of the information herein should prove to be inaccurate in any material respect, ESL may declare the indebtedness of the business and of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. ESL is authorized to make all inquiries ESL deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorizes any person or consumer reporting agency to give ESL a copy of the undersigned's credit report and any other financial information it may have on the undersigned. Each of the undersigned authorizes ESL to answer questions about the credit experience ESL has with the undersigned. As long as any obligation or guarantee of the undersigned to ESL is outstanding, the undersigned shall supply an updated financial statement annually. This loan application and any other financial or other information that the undersigned gives ESL shall be property of ESL. 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.

Beneficial owners: You hereby certify to the best of your knowledge that the beneficial owner and/or control person information you provided is complete and correct.

Authorized Signature (and as guarantor and obligor)

Authorized Signer Name (please print)

Authorized Signer Title

Date

10. Additional Business Ownership

Complete one section below for each additional owner, officer or partner. All owners, officers or partners with 10% or greater ownership must also sign application.

Additional Business Owner #1:

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

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

Citizenship: United States Permanent Resident Alien & Number: _____ Other: _____

Are you a Veteran of the United States Armed Forces? Yes No Personal Member Number: _____

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)

We intend to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

Authorized Signature (and as guarantor and obligor) Authorized Signer Name (please print)

Authorized Signer Title Date

Additional Business Owner #2:

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

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

Citizenship: United States Permanent Resident Alien & Number: _____ Other: _____

Are you a Veteran of the United States Armed Forces? Yes No Personal Member Number: _____

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)

We intend to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

Authorized Signature (and as guarantor and obligor) Authorized Signer Name (please print)

Authorized Signer Title Date

You may fax completed forms (Application, Personal Financial Statement(s) and any attachments) to 585.336.1561 or mail to:

ESL Federal Credit Union
Attn: Business Banking
P.O. Box 22788
Rochester, NY 14692-2788

FOR INTERNAL USE ONLY

Business Membership Savings Account Number: _____ Org. Number: _____ Branch Quality Control Verification: _____

Referring Branch: _____ Person/Teller Number: _____ Person/Teller Name: _____

Interest Rates and Interest Charges for ESL Visa® Business Credit Cards Only	
Annual Percentage Rate (APR) for Purchases	3.99% Introductory APR for six billing cycles following the account open date. After that, 9.99% This APR will vary with the market based on the Prime Rate. ¹
APR for Balance Transfers	13.99% This APR will vary with the market based on the Prime Rate. ¹
APR for Cash Advances	17.99% This APR will vary with the market based on the Prime Rate. ¹
Penalty APR and When it Applies	18.0% This APR may be applied to your account if: 1. Your minimum monthly payment is not made for two consecutive billing cycles. How long will the Penalty APR Apply? If your APRs are increased for the reason above, the Penalty APR will be applied until the billing cycle after your twelfth consecutive on-time monthly payment.
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.50.

Fees	
Annual Membership Fee	There is no Annual Membership Fee if you do not participate in the Rewards Program. There is a \$50.00 Annual Membership Fee if you participate in the Rewards Program.
Transaction Fees •International Service Assessment	1% of transaction amount
Penalty Fees •Late Payment •Returned Payment •Over the Credit Limit	\$39.00 \$35.00 \$39.00
Other Fees •Statement Copy •Card Replacement •Rush Order	\$2.50 Free \$15.00

1: We add 6.74% to the Prime Rate to determine the Purchase Rate, 10.74% to the Prime Rate to determine the Balance Transfer Rate and 14.74% to the Prime Rate to determine the Cash Advance Rate. As of 3/17/2020, the Prime Rate was 3.25%. Your APR will not exceed the maximum allowed by applicable law, which is currently 18.00%.

How we will calculate your balance

We use a method called "average daily balance (including new purchases)." See your account agreement for more details.

Loss of Introductory APR

We may end your Introductory APR and apply the Penalty APR if your minimum monthly payment is not made for two consecutive billing cycles.

The information about the cost and terms of the Card described is accurate as of 3/17/2020. This information may have changed after that date.

Your ESL Visa Business Credit Card account will be governed by the terms of the ESL Visa Business Credit Card Agreement that will be sent to you with your card(s). The terms of your account are subject to change as provided in your Cardmember Agreement.

HMDA Information Sheet Demographic Information of Applicant and Co-Applicant

The purpose of collecting information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more "Hispanic or Latino" origins, and one or more designations for "Race."

The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

Applicant

Ethnicity:

- Hispanic or Latino - *Check one or more*
 - Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:*
- Not Hispanic or Latino
- I do not wish to provide this information

Race: *Check one or more*

- American Indian or Alaska Native - *Print name of enrolled or principal tribe:*
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:*
- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on:*
- White
- I do not wish to provide this information

Sex:

- Female
- Male
- I do not wish to provide this information

To be completed by Financial Institution (for an application taken in person):

Was the ethnicity of the applicant collected on the basis of visual observation or surname?

- Yes No

Was the race of the applicant collected on the basis of visual observation or surname?

- Yes No

Was the sex of the applicant collected on the basis of visual observation or surname?

- Yes No

Co-Applicant

Ethnicity:

- Hispanic or Latino - *Check one or more*
 - Mexican
 - Puerto Rican
 - Cuban
 - Other Hispanic or Latino - *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:*
- Not Hispanic or Latino
- I do not wish to provide this information

Race: *Check one or more*

- American Indian or Alaska Native - *Print name of enrolled or principal tribe:*
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian - *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:*
- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - *Print race, for example, Fijian, Tongan, and so on:*
- White
- I do not wish to provide this information

Sex:

- Female
- Male
- I do not wish to provide this information

Was the ethnicity of the co-applicant collected on the basis of visual observation or surname?

- Yes No

Was the race of the co-applicant collected on the basis of visual observation or surname?

- Yes No

Was the sex of the co-applicant collected on the basis of visual observation or surname?

- Yes No