



Corporate Headquarters  
225 Chestnut Street  
Rochester, NY 14604

# Small Business Loan Application

(for loans totaling up to \$100,000)

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

ESL Visa® Business Credit Card with Rewards      *OR*       ESL Visa® Business Credit Card no Rewards

New      Amount Requested<sup>1</sup>: \$ \_\_\_\_\_

Line Increase      Amount of Increase: \$ \_\_\_\_\_      New Limit Requested<sup>1</sup>: \$ \_\_\_\_\_

Authorized User/ Employee Name	Cardholder 1 <sup>2</sup>	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.

### 3. Business Ownership/Control Person

(All owners, officers or partners must sign application. See section 9 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.

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

## 8. 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

## 9. Additional Business Ownership

Complete one section below for each additional owner, officer or partner. All owners, officers or partners must 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

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**FOR INTERNAL USE ONLY**

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

Referring Branch: \_\_\_\_\_ Person/Teller Number: \_\_\_\_\_ Person/Teller Name: \_\_\_\_\_

<b>Interest Rates and Interest Charges for ESL Visa® Business Credit Cards Only</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>3.99%</b> Introductory APR for six billing cycles following the account open date. After that, <b>9.99%</b> This APR will vary with the market based on the Prime Rate. <sup>1</sup>
<b>APR for Balance Transfers</b>	<b>13.99%</b> This APR will vary with the market based on the Prime Rate. <sup>1</sup>
<b>APR for Cash Advances</b>	<b>17.99%</b> This APR will vary with the market based on the Prime Rate. <sup>1</sup>
<b>Penalty APR and When it Applies</b>	<b>18.0%</b> This APR may be applied to your account if: 1. Your minimum monthly payment is not made for two consecutive billing cycles. <b>How long will the Penalty APR Apply?</b> 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.
<b>Paying Interest</b>	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.
<b>Minimum Interest Charge</b>	If you are charged interest, the charge will be no less than \$1.50.

<b>Fees</b>	
<b>Annual Membership Fee</b>	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.
<b>Transaction Fees</b> • International Service Assessment	<b>1% of transaction amount</b>
<b>Penalty Fees</b> • Late Payment • Returned Payment • Over the Credit Limit	<b>\$39.00</b> <b>\$35.00</b> <b>\$39.00</b>
<b>Other Fees</b> • Statement Copy • Card Replacement • Rush Order	<b>\$2.50</b> <b>Free</b> <b>\$15.00</b>

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.