

Small Business Loan Application (for loans totaling up to \$100,000)

1. Borrower In			Puningga Mambar Nu	mhor	
ivallie of bollower.	:(Legal Entity of Busine	ss Name or DBA Name)	Dusiness Meinbei Mu	mber:	
If Borrower is a So	•		T ID /TINI/EINI/		
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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 Bu	usiness Established:	
		ate/County of Incorporation,			
Number of Employe	ees: Nu	mber of jobs to be created	with use of loan (if applicat	ole):	
Number of jobs that	at will be retained as a result	of the loan that would hav	e been lost otherwise (if ap	oplicable):	
ls this business an	existing franchise?	S □ No Will fu	nds be used to purchase a	franchise?	No
Franchise Name (if	answer to either of the above	ve questions is yes):			
Affiliates or Subsid	liaries (if applicable):				
Will this bus	ers of the business have prev siness become the owners or additional source of income:	nly source of income?	☐ Yes ☐ No		
2. Select Prod	ucts				
■ Business Overd	raft Line of Credit L	ink to Business Checking A	ccount Number:		
■ New	Amount Red	quested: \$			
☐ Line Incr	ease Amount of I	ncrease: \$	New Limit R	equested: \$	
■ Business Line o	of Credit F	Ourpose of Line:			
— □ New		quested: \$			
☐ Line Incr		ncrease: \$		equested: \$	
	ically deduct payment from E			•	
■ Business Term	Loan F	Ourpose of Loan:			
☐ Fixed Ra		quested: \$		sted in Months:	
☐ Variable		1			
- variable	Tidto				

☐ Automatically deduct payment from ESL Business Account Number: __

☐ ESL Visa® Busine	ess Credit Card with Rewards	OR .	☐ ESL Visa	n® Business	Credit Card no Rev	vards	
■ New	Amount Requ	ested1: \$					
☐ Line Increase Amount of Increase: \$				New	Limit Requested¹: \$	S	
Authorized User/ Employee Name	Cardholder 1 ¹	Card	lholder 2	Card	holder 3	Cardholder	4
Credit Limit	\$	\$	\$		\$)	
1: Cardholder 1 will be	the Primary Contact.				·		
(All owners, officers or pa (known as the Control Pe	nership/Control Perso artners must sign application. See s rson) for managing the legal entity l	ection 9 for additi isted as the Borro	wer in Section 1 above.				
	Middle						
Number of Years You Have Owned this Business: Social Security Number: Date of I							
	ted States						
•	the United States Armed Fo						
	de Apt. No.):						
	this Address:						
(Exclude value of yo	Annual Salary/Inco ur business)	ome: \$	Source o	T Income/Sa	alary:		
-	ancial Institution	To	ype of Account		Estimator	d Average Balance	
INAME OF FIN	anciai institution	I'	ype of Account		\$	a Average balance	,
					\$		
					\$		
					\$		
5. Business Deb	ots (summary)				<u> </u>		
Name of Credito		, etc.) C	urrent Balance	Total N	Ionthly Payment	Secured By (Co	llateral)
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
6. General Info	rmation						
		clared bankru	otcv?			☐ Yes*	□ No
					_	☐ No	
					☐ No		
Have any of the owners/guarantors ever been arrested, charged, on probation or parole, or convicted for a criminal offense?						□ 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?				tion 🔲 Yes*	□ No		
					☐ 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: Number of Years You Have Owned this Business: _____ Social Security Number: ____ Date of Birth: ____ Citizenship: United States Permanent Resident Alien & Number: _____ Other: ____ 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 Signer Name (please print) Authorized Signature (and as guarantor and obligor)

Date

Authorized Signer Title

Additional Business Owner #2:			
First Name:	Middle Initial:	Last Name:	% Ownership:
Number of Years You Have Owned this B	usiness: Socia	I Security Number:	Date of Birth:
Citizenship: United States Per	manent Resident Alien &	Number:	Other:
Are you a Veteran of the United States A	rmed Forces?	No Personal Men	nber Number:
Home Address (include Apt. No.):		City:	State: Zip:
Number of Years at this Address:	Home Phone:	Cell Phone	:: Work Phone:
	alary/Income: \$	Source of Income/	'Salary:
(Exclude value of your business) We intend to apply for joint credit			
☐ We intend to apply for joint credit	Applicant's	Initials	Co-Applicant's Initials
Authorized Signature (and as gua	arantor and obligor)	Au	uthorized Signer Name (please print)
Authorized Signer	Title	_	Date
You may fax completed forms (Application	on, Personal Financial State	ement(s) and any attachm	ents) 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:

Person/Teller Number: Person/Teller Name: Person/Teller Name:

Referring Branch: _____

Interest Rates and Interest Cha	rges 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, 14.24% This APR will vary with the market based on the Prime Rate.¹		
APR for Balance Transfers	17.99% 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	18.00%		
	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.
Balance Transfer Fee	None
Cash Advance Fee	None
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	\$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 12/19/2024 the Prime Rate was 7.50%. Your APR will not exceed the maximum allowed by applicable law, which is currently 17.99%.

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 12/19/2024. 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.