



5140 West Parkway
Groves, TX 77619
409.963.1191
800.448.5328

Business Services Application

Application Information

Date _____		Account Number _____
Request: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Increase		
Loan Amount Requested _____	Terms of Repayment _____	Use of Proceeds _____
What Collateral do You offer in support of this credit request? (If Real Estate, please provide a copy of a legal description of the property and the most recent tax statement.)		
Guarantors of Credit _____		

Company/Applicant Information

Legal Name of Company/Applicant Name _____		Primary Contact _____	Tax ID Number/Social Security # _____
Address _____	Own _____	Type of Credit Applied For: <input type="checkbox"/> Business Line of Credit <input type="checkbox"/> Business Vehicle <input type="checkbox"/> Business Term Loan <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Other	
City/County _____	Rent _____		
State/Zip _____	Other _____		
Business Telephone _____ FAX _____			
Website: _____			
Type of Business _____		Business Entity:	
Time in Business: _____ No. of Employees _____		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Not-for Profit <input type="checkbox"/> Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Other <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership	
Time Under Current Management _____			

Principal Information

Each Principal (e.g. Owner, Officer, or Guarantor) must complete this section, and any individual with a 20% or greater ownership interest must personally guarantee repayment of the credit evidenced by this application.

Principal 1 (Name) _____		Title (e.g. Owner, President, Secretary, etc.) _____	% Ownership _____	Credit Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth _____	Address _____		Time at Address _____	Social Security Number _____	Driver's License No. _____
Phone Number _____	Email Address _____		Current Employer (if different than Applicant) _____		
Principal 2 (Name) _____		Title (e.g. Owner, President, Secretary, etc.) _____	% Ownership _____	Credit Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth _____	Address _____		Time at Address _____	Social Security Number _____	Driver's License No. _____
Phone Number _____	Email Address _____		Current Employer (if different than Applicant) _____		
Principal 3 (Name) _____		Title (e.g. Owner, President, Secretary, etc.) _____	% Ownership _____	Credit Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth _____	Address _____		Time at Address _____	Social Security Number _____	Driver's License No. _____
Phone Number _____	Email Address _____		Current Employer (if different than Applicant) _____		
Principal 4 (Name) _____		Title (e.g. Owner, President, Secretary, etc.) _____	% Ownership _____	Credit Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth _____	Address _____		Time at Address _____	Social Security Number _____	Driver's License No. _____
Phone Number _____	Email Address _____		Current Employer (if different than Applicant) _____		

Banking Relationships (Please list only Your business accounts)

BANK	ACCOUNT NUMBER	BUSINESS			CURRENT BALANCE
		CHECKING	SAVINGS	LOAN	
					\$
					\$

Miscellaneous (Please provide details below if You answer YES to any of the following questions)

Is the business a party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Chapter _____ Date of filing _____	Are any of the Applicants an endorser, guarantor, or co-maker for obligations not listed on the financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate total contingent liability: \$ _____
Details _____		

IMPORTANT NOTICE: If Your application for business credit is denied, You have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Gulf Credit Union, 5140 West Parkway, Groves, TX 77619, within 60 days from the date You are notified of Our decision. We will send You a written statement of reasons for the denial within 30 days of receiving Your request for the statement.

Equal Credit Opportunity Act Notice

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit union is:

Federal Trade Commission, Southwest Region, 1999 Bryan Street, Suite 2150, Dallas, Texas 75201-6808

Business Loan Documentation Checklist – In order to process this application the following are required:

- Corporate/Business income tax returns for 3 preceding tax years
- Interim balance sheet and income statement *(if more than 6 months has passed since the last fiscal year statement was issued)*
- Personal tax returns for each Principal, Owner and Guarantor
- Current personal financial statements for each Principal, Owner and Guarantor – *(signed & dated)*
- Applicable corporate documentation *(e.g. Certificate of Formation, Certificate of Filing, Assumed Name Certificate including any By Laws, Articles, Corporate Resolutions, etc.)*
- Other _____
- Other _____

Right To Receive A Copy Of Appraisals

Lender: **Gulf Credit Union**

Date: _____

NOTICE TO FIRST-LIEN DWELLING-SECURED CREDIT APPLICANTS:

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.

Other than as prohibited by law, We may charge You a reasonable fee to reimburse Us for the appraisal costs that We incur in connection with such appraisal or other written valuation. We will not however, charge You for any photocopy costs, postage costs, administrative costs, or other costs We incur in providing the copy(ies).

To obtain additional information on Your right to receive a copy of appraisals, including the amount of the reasonable fee that We may require You to pay, please contact Us at (409) 963-1161 and ask for the Commercial Loan Department.

Sworn Statement of Loan Purpose

The undersigned, engaged in business under the trade name of _____, being duly sworn according to law, do(es) hereby certify that the undersigned exercise(s) actual control over the managerial decisions of the above named enterprise and that the proceeds of the loan made by Gulf Credit Union to the undersigned on _____, _____ are to be used in the enterprise for the following purpose and none other:

Under penalty of perjury, the undersigned declare that to the best of the undersigned's knowledge and belief, this statement is true and correct.

Borrower

Borrower

Borrower

Borrower

Signatures

You certify that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. You authorize Us to make such inquiries and gather such information as We deem necessary and reasonable concerning any information provided to Us on this Application or on any such required document, including inquiries to the Internal Revenue Service. You further agree to notify Us promptly of any material change in any such information. You authorize Us to accept Your facsimile signatures on this application and, subsequently, on any other documents associated with the credit for which You are applying and You agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials
Co-Applicant's Initials

 Signature (Applicant)
 Company

 Title
 Date

 Signature (Applicant)
 Company

 Title
 Date