COMMERCIAL CREDIT APPLICATION

BUSINESS NAME:		TELEF	PHONE
ADDRESS:		FAX	
CITY:	STATE: _	ZIPCODE:	
D-10-1-10-0			
REQUEST:			
	Γ REQUESTED:		
	ST:		W DE OFFEDERA
	ARANTEES OF THE PRINCI	PALS OF THE COMPAN	Y BE OFFERED?
YES NO			
IF YES BY:			
Name	Title/Position	Social Security Number	er Date of Birth
		-	
TYPE OF ENTITY:			
	I (if you are using a fictitious bu	siness name, please includ	e the fictitious business name.)
LIMITED LIABI	LITY COMPANY		
LIMITED PART		DERAL TAX I.D. #:	
PARTNERSHIP	DU	JNS #:	
SOLE PROPRIE	TORSHIP BU	JSINESS START DATE:_	
NON-PROFIT O		_	
UNINCORPORA	ATED ASSOCIATION/ORGAN	NIZATION	
ENTITY DOCUMEN	TATION:		
	vide a copy the Articles of Incorporation	on, Corporate Resolution and By	y-laws
	any: Please provide a copy Articles of		
3. Limited Partnership, Pa	rtnership or Sole Proprietor: Please	provide copy of Partnership Ag	reement or Sole Proprietor Certification
	ns: Articles of Organization, Statemen	t of Business Purpose, History of	of Organization, Resumes of key
management, list of board m			
		ws or proof of existence of assoc	ciation/organization Minutes from boar
or meeting approving author	4506-T to obtain transcripts of tax ret	urns from IRS	
o. An. I lease provide a INS	+500-1 to obtain transcripts of tax fee	urns from IKS	
(If Non-Profit or Unin	corporated Association/Organ	nization skin to Bank Ref	erences)
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OWNERSHIP OF EN	TITY		
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Owners/Stockholders/Officers of Affiliate and Subsidiary Companies:

For each individual listed above, please list other businesses, including real estate partnerships, in which he or she has 20 percent or more ownership, OR has the ability to control through management decisions.

Name Title
Please provide a year-end balance sheet and income statement for the previous two years for all subsidiaries and affiliates listed above. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? YesNo If yes, please provide details on a separate sheet, including the product or service sold and on what terms. PRANK REFERENCES Name: Account #: Telephone #: Contact Person: Address: City: State: Zip Code: City: State: Zip Code: (Please list any financial institutions your company uses for business.) TRADE REFERENCES: (please list three (3) minimum) Name: Contact Person: Telephone #: Contact Person: Telephone #: Address: City: State: Zip Code Contact Person: Telephone #: Zip Code Contact Person: Zip Code Zip Code Contact Person: Zip Code Zip
No years for all subsidiaries and affiliates listed above. Do you buy from, sell to, or use the services of any concern in which someone in bour company has a significant financial interest? Yes No If yes, please rovide details on a separate sheet, including the product or service sold and on that terms. SANK REFERENCES Iame: Account #: Telephone #: Contact Person: ddress: City: State: Zip Code: Contact Person: Telephone #:
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Name: Account #: Telephone #: Contact Person: Address: City: State: Zip Code: (Please list any financial institutions your company uses for business.) FRADE REFERENCES: (please list three (3) minimum) Name: Contact Person: Telephone #: Address: City: State: Zip Code Name: Contact Person: Telephone #: Address: Zip Code Name: Contact Person: Telephone #:
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Address: City: State: Zip Code Lease or Rent Amount per month: The undersigned hereby authorizes Alabama Teachers Credit Union or its agent to investigate his/her credit and author mortgage lender or landlord, credit reference or any other party to release information to Alabama Teachers Credit Union of hold harmless for said disclosure.
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History and Nature of Your Business

(Use additional sheets if necessary)

If you have a current business plan addressing these questions, you may submit it in place of answering the questions.

1. What date was your company established (and by whom) and when did the present owners gain control?
2. What products or services do you sell?
3. What is your geographic market area?
4. Who are your competitors? How are you different?
5. How do you market your product or service (i.e., type of advertising, direct mail, outside salesperson etc.)?
6. What trends positive/negative currently affect your industry/business?
7. What are the specific proceeds and expected benefits of this loan (i.e., increase revenues, add new products or services, improve efficiency, etc.)?

Use of Proceeds

Land and Building Acquisition
New Construction/Expansion/Repair
Leasehold Improvements
Acquisition and/or Repair of Machinery and Equipment
Inventory Purchase
Working Capital
Acquisition of Existing Business
Pay-off SBA Loan
Pay-off Bank Loan (Non-SBA Associated)
Pay-off Other Debt (Non-SBA Associated) Other: Please Specify
Less: Amount of Owner's Down Payment ()
Total Loan Amount Requested \$
 If the project involves construction, please include: An exhibit showing the estimated cost of the project. Preliminary plans and specifications. Final plans would be needed before initial disbursement. A signed construction contract.
☐ If the project involves machinery/equipment purchases, please provide a depreciation schedule of existing equipment owned if available.
☐ If acquiring real estate or a business, please give the source and amount of each owner's equity contribution. For start-up businesses, the owners' contribution should typically be at least 25 percent of the total project cost.
☐ If all or part of the loan proceeds will be used to refinance debt, please provide a payment history on the debt to be refinanced.

Financial Information

Please provide the following if applicable.
☐ A year-end balance sheet and income statement for the previous two years for the company.
☐ A current year to date balance sheet and income statement for the company. These should be less than 60 days old.
A copy of past two years tax returns for both the entity and the principals &/or personal guarantors
□ A schedule of indebtedness as of the same date as the most recent balance sheet submitted.
□ Aging of Accounts Receivable and Accounts Payable as of the same date as the most recent balance sheet submitted.
□ Projections for at least the next 24 months. Please include details of how you arrived at your assumptions
Other Information
☐ Is (will) the company's operating facility (be) owned by the borrower or leased from a third party (including principals of the borrower)?
OwnedLeased
• If owned, please provide the following: A. A copy of the legal description.
B. The percentage of the facility, if any, being leased to outside entities
C. A completed environmental questionnaire.
• If leased, please provide the following:
A. A copy of the legal description.
B. A copy of the current lease. If real estate is offered as collateral, the term of the lease, plus options to renew, must equal or exceed the term of the loan.
Please provide any other information you believe would be helpful to the credit union when making a decision on your loan request.