

» MEMBER BUSINESS LOAN APPLICATION

APPLICANT INFORMATION		
Business Name:		
Street Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Applicant's Phone:	Federal Tax ID No. TIN/SSN:	
Years in Business:		

PROPOSED LOAN REQUEST
Loan Amount Requested:
Purpose of Business Loan Request:
Proposed Collateral for Loan Request:

BUSINESS STRUCTURE			
Sole Proprietorship	Name of Owner		
Limited Liability Company (LLC)	Member Name		% of Ownership
	Member Name		% of Ownership
Corporation	Officer Name	Title	% of Ownership
	Officer Name	Title	% of Ownership
Partnership	Partner Name		% of Ownership
	Partner Name		% of Ownership

OWNER(S) AND GUARANTOR(S) INFORMATION (IF INDIVIDUALS)

Name:		
Street Address:		
City:	State:	Zip Code:
Contact Phone:	Email Address:	
Date of Birth:	SSN:	
Drivers license:	Issue Date:	Expiration Date:
If Business Owner, Years in the Industry:		
Name:		
Street Address:		
City:	State:	Zip Code:
Contact Phone:	Email Address:	
Date of Birth:	SSN:	
Drivers license:	Issue Date:	Expiration Date:
If Business Owner, Years in the Industry:		

REFERENCES, TWO PER MEMBER IF NEW MEMBER OF CLACKAMAS FEDERAL CREDIT UNION

Name:	
City and State:	Phone:
Name:	
City and State:	Phone:
Name:	
City and State:	Phone:
Name:	
City and State:	Phone:

APPLICANT SIGNATURES AND IMPORTANT DISCLOSURES

I (we) hereby affirm that the foregoing information contained in this member business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand that Clackamas Federal Credit Union (CFCU) is relying on this application in making loan(s) to me. CFCU or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s), and/or guarantor(s) wither directly or through any agency employed by CFCU for that purpose now and in the future. CFCU may disclose to any other interested parties CFCU's experience with this account. I agree to inform CFCU immediately of any matter which will cause any material change to my financial condition. I under stand that CFCU will retain this member business loan application whether or not credit is granted.

Applicant Name:	Applicant Signature:	Date:
Applicant Name:	Applicant Signature:	Date:

