



BUSINESS CREDIT APPLICATION

To process this application, all requested information must be provided.

SECTION I - General Information

Company Legal Name	Telephone ()	Fax Number ()		
Company Address	City	State	Zip	
Company Mailing Address	City	State	Zip	
Are Facilities Owned or Leased?	Monthly Payment	Years Business Owned	#Employees	
Federal Tax ID Number	Description of Business (SIC)	Gross Annual Sales \$		
Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Liability Corporation/Company/Partnership				

SECTION II - Credit Request Information

Type of Credit Applied for: Secured Line of Credit Equipment Loan Vehicle Loan Credit Card (see section III)

Credit Line Request \$ _____ Term Request: _____ (i.e. 36, 60, 72 months)

How are you using the funds? _____ What is your collateral? _____ Estimated Value? _____

SECTION III - Credit Card Request Information

Total Credit Limit Requested \$ _____ No. Of Cards Requested: (10 max) _____, for additional cards, attach separate sheet

Name to appear on card	Credit Limit for this card	Company role (Owner, Employee, Partner, etc ...)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SECTION IV - Company Owners (20% or more) If Applicable; Otherwise, Company Officers

Name (*primary bank contact)	Title	Percent Ownership
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

SECTION V - Outstanding Business Loans, Including Those With Space Coast Credit Union

Lender	Type of Loan	Current Balance	Monthly Payment	Secured By
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

SECTION VI - Other Information

Any unsettled lawsuits, judgments, or disputes? Yes No If yes, what & why _____

Bankruptcy ever filed by business? Yes No If yes, when _____

Any outstanding tax obligations? Yes No If yes, why _____

SECTION VII - Other Financial Services Used By Company/Owner

Service	Yes	No	If yes, name of provider
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	_____ Balance: \$ _____
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	_____ Balance: \$ _____
Cash Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other			_____

Space Coast Credit Union may obtain information from others concerning applicant's credit and trade standing and other relevant information impacting this application and provide to others information about its transactions and experiences with applicant. In addition to the information requested on this application SCCU may subsequently request additional information from applicant. Applicant agrees and consents that SCCU may share all information about it that SCCU has or may obtain. There are costs associated with the use of any Credit Card issued to you by us. You may request specific information about these costs by contacting us by telephone at (800) 447-7228 or by writing SCCU at P.O. Box 419001, Melbourne, FL 32941-9001.

SIGNATURE

As an authorized agent of the applicant company, I have stated that everything in the application and information submitted along with the application is true

Authorized Signature (must be officer of company)	Printed Name	Title	Date
_____	_____	_____	_____
Authorized Signature (must be officer of company)	Printed Name	Title	Date
_____	_____	_____	_____

PERSONAL FINANCIAL STATEMENT

Financial Condition as of: _____, 20____

Complete this form for: (1) each proprietor, or (2) each partner who owns 20% or more interest, or (3) each stockholder owning 20% or more interest, or (4) any person providing a guaranty on the loan.

Applicant	Co-Applicant
Social Security No.	Social Security No.
Birth Date	Birth Date
Address	
Home Phone	Business Phone
Business Name of Applicant/Borrower	
Name, Address & phone number of nearest relative not living with applicant(s)	

Cash Accounts – Section 1	\$ _____	Accounts Payable	\$ _____
IRA / Retirement Funds	\$ _____	Notes Payable - Section 5	\$ _____
Accounts / Notes Receivable	\$ _____	Installment Loan (Auto)	
Cash Surrender Value of Life Insurance	\$ _____	Mthly. Payment \$ _____	\$ _____
Marketable Securities / Brokerage Accts – Section 2	\$ _____	Installment Loan (Other)	
Value of Closely Held Businesses	\$ _____	Mthly. Payment \$ _____	\$ _____
Real Estate Holdings – Section 3	\$ _____	Loan(s) on Life Insurance	\$ _____
Autos – Present Value	\$ _____	Real Estate Mortgages - Section 4	\$ _____
Personal Furnishings	\$ _____	Unpaid Taxes	\$ _____
Other Assets (please define)	\$ _____	Other Liabilities	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
		Net Worth	\$ _____

Sources of Income		Contingent Liabilities (if any)	
	Applicant	Co-Applicant	
Salary	\$ _____	\$ _____	As Guarantor or Co-Maker
Net Invest Income	\$ _____	\$ _____	Any Legal Claims & Judgments
Real Estate Income	\$ _____	\$ _____	Unpaid Federal Income Taxes
Other Income*	\$ _____	\$ _____	Other Special Debt
Please Provide Description of Other Income			
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.			
Please Provide Details of Contingent Liabilities			

Section 1 – Cash Accounts			
Account Title	Financial Institution	Balance	Pledged Y/N

Section 2 – Marketable Securities / Brokerage Accounts					
# of Shares	Name of Security	Cost	Market Value Exchange	Date of Value	Total Value

Section 3 – Real Estate Holdings					
Name in which Property is Titled	Address	Homestead, Residential or Commercial	Date Acquired	Original Cost	Estimated Value
1.					
2.					
3.					
4.					

Section 4 – Real Estate Loans Payable				
Mortgage Holder	Original Mtg Amount	Current Mtg Balance	Monthly Payment	Monthly Rental Income
1.				
2.				
3.				
4.				

Section 5 - Notes Payable				
Note Holder	Original Balance	Current Balance	Monthly Payment	Collateral

The following information is applicable to the person(s) signing this Personal Financial Statement		
	Applicant (Yes/No)	Co-Applicant (Yes/No)
1. Are you a U.S. Citizen?		
2. Are you a defendant in any suits or legal actions?		
3. Have you ever declared bankruptcy?		
4. Have any judgments ever been entered against you?		
5. Do you have ownership in or are you a partner in any other corporation or partnership?		
6. Do you pay alimony, child support, or separate maintenance payments? If yes, amount \$		
If you answered yes to questions 2 – 6, please provide details:		

The financial statement and the information contained herein is given to the financial institution, hereafter called "Lender", by the undersigned for the purpose of inducing Lender, from time to time, to extend credit to or otherwise become or remain the creditor of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either individually or jointly with others, execute a guarantee in the Lender's favor. The undersigned acknowledges that the Lender will rely on the information contained in this Financial Statement in making its credit decision, and **under penalty of perjury**, represents and warrants that such information is true and complete and that there are no material omissions. The undersigned agrees that the Lender may consider this Financial Statement as continuing to be true and complete until a written notice of a change is given to the Lender by the undersigned. The Lender and/or its affiliates is authorized to make all inquiries that it deems necessary to verify the accuracy of the information contained herein and to determine the undersigned's creditworthiness. The Lender is further authorized to respond to any inquiries from others concerning the Lender's credit experience with the undersigned.

Signature:	Date:
Signature:	Date: