

BUSINESS LOAN APPLICATION

Each owner, shareholder, partner or member owning 20 percent or more interest in the business must sign a personal guaranty. A minimum of 1 guarantor is required regardless of percent ownership. Additional guarantees may be required.

SECTION 1: LOAN REQUEST

Amount Requested: \$ _____ **Term:** _____ **Months:** _____ **Years:** _____ **Purchase Price:** \$ _____
(Include copy of purchase order for equipment/vehicle purchases)

Loan Type: Term Loan Business Line of Credit SBA Loan Commercial Real Estate

Request is to: Refinance existing debt Purchase new equipment Manage seasonal cash flow shortages Purchase existing business
 Buy-out partner(s) Acquire Real Estate Letter of credit needs Refinance commercial real estate

Other (describe): _____

SECTION 2: LOAN PURPOSE & COLLATERAL

What are loan proceeds going to be used for: _____
 Collateral Available*: _____

* Loans will be secured by all business assets unless specific assets, acceptable to Amplify Credit Union, are pledged. Please describe fully any such specific assets that you wish to use as collateral. Please note which assets, if any are pledged as collateral for other loans. Please note location of collateral if different than your business location.

RIGHT TO RECEIVE A COPY OF APPRAISALS: 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.

SECTION 3: BUSINESS INFORMATION

Business Legal Name (exact legal name): _____ Year Business Began Operation: _____
 Taxpayer ID Number: _____ Years Of Current Ownership: _____
 DBA (if applicable): _____ Years owners have been in this line of business: _____
 Annual Sales: \$ _____ DUNS Number: _____

Business Type:

INDIVIDUAL	PARTNERSHIP	CORPORATION	OTHER
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sub-S Corporation	<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Professional Association
	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other: _____

Description of Business or Service: _____

Primary Contact Name: _____ Business Phone: (____) _____
 Business Fax: (____) _____

BUSINESS PHYSICAL LOCATION (cannot be a P.O. box)
 Street Address: _____ City: _____ State: _____ Zip Code: _____

BUSINESS MAILING ADDRESS (if different from above)
 Street Address: _____ City: _____ State: _____ Zip Code: _____

SECTION 4: FINANCIAL INFORMATION

Business Deposit Accounts

Financial Institution	Account Type	Current Balance	Average Balance	Would you like to move the deposit account?
		\$	\$	<input type="checkbox"/> Yes
		\$	\$	<input type="checkbox"/> Yes
		\$	\$	<input type="checkbox"/> Yes

Business Debts (List all business debts, including accounts and payables. Include any existing outstanding credit union debt.)

Payable to: proceeds?	Type of Account (Revolving, Term, etc.)	Balance Owning	Payment	Pay off with
		\$	per	<input type="checkbox"/> Yes
		\$	per	<input type="checkbox"/> Yes
		\$	per	<input type="checkbox"/> Yes
		\$	per	<input type="checkbox"/> Yes

SECTION 5: RELATED BUSINESS ISSUES

(If Yes, please explain on separate sheet)

Has the Business Applicant ever declared bankruptcy?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____
Has any Principal, Guarantor or Co-applicant ever declared bankruptcy?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____
Is the Business Applicant liable as guarantor or endorser on an existing or outstanding loan?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____
Is any Principal, Guarantor or Co-applicant liable as guarantor or endorser on an existing or outstanding loan?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____
Is the Business Applicant or any Principal, Guarantor or Co-Applicant a party to any legal claim or lawsuit?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____
Is the Business already pledging any assets for a loan or lease?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____
Is the Business Applicant or any Principal, Guarantor or Co-applicant currently past due on any taxes?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____
Are there any tax liens filed against the Business Applicant, or any Principal, Guarantor or Co-applicant?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, date of occurrence: _____

Does Business Applicant own or lease occupied building? OWN LEASE

If leased, name of lessor: _____ Mailing address of lessor: _____
 Years remaining on lease: _____
 Monthly lease payments, if applicable: \$ _____

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SECTION 6: OWNERSHIP / MANAGEMENT INFORMATION (List all owners of the company)

Name	Social Security #	Title	Percent Ownership	Number of Years in This Line of Business

SECTION 7: PRINCIPAL, GUARANTOR, OR CO-APPLICANT INFORMATION

Name: _____ Position: _____ Social Security Number: _____
 Address: _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Business Phone: _____

Name: _____ Position: _____ Social Security Number: _____
 Address: _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Business Phone: _____

Name: _____ Position: _____ Social Security Number: _____
 Address: _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Business Phone: _____

SECTION 8: EMERGENCY CONTACT

Name: _____ Address: _____
 Phone: _____ Email: _____

SECTION 9: SIGNATURES

FINANCIAL STATEMENTS AND TAX RETURNS Please provide a copy of the company's financial statements or tax returns for the last three years and interim financial statements for the current year. Please also provide guarantors' tax returns for the last three years and updated personal financial statements.
 Authorization: Each Business Applicant and each person or entity signing this Application ("Signer") certifies that all information provided by the Business Applicant and the Signer is true and authorizes Amplify Credit Union and its agents to: obtain credit and employment information about the Business Applicant and Signer; obtain credit reports and make any inquiries Amplify Credit Union and its agents consider appropriate in connection with this application or review of this loan account from time to time; make Amplify Credit Union's experience with this loan account and information about application available to credit bureaus, other Signers or other persons who have or expect to have financial dealings with the Business Applicant and the Signer; share collection information with Signer's other creditors; and disclose account information as required by law. Each Signer acknowledges that additional information may be required in order to make a final credit decision. Business Applicant also acknowledges receipt of the Equal Credit Disclosures provided with this application. **REQUIRED SIGNERS:** All signers must also be duly authorized to sign on behalf of applicant.

EQUAL CREDIT OPPORTUNITY ACT (ECOA) DISCLOSURE

Borrower(s): _____ Property Address: _____

I (We) acknowledge receipt of the notices contained herein:

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 CONTACT AMPLIFY CREDIT UNION, 3600 W. PARMER LANE, AUSTIN, TX 78727 OR CALL 512-836-5901 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.

1. ECOA Notice - The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or 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 creditor is National Credit Union Administration, Office of Consumer Protection, 1775 Duke Street, Alexandria, VA 22314.

2. You may apply for the loan in your own name or you may wish your spouse (if any) to be a coapplicant. There is no requirement for your spouse to apply or otherwise become obligated to repay the debt except to the extent that your spouse's income and/or assets are necessary to qualify you for the loan.

ACKNOWLEDGMENT: EACH SIGNER ACKNOWLEDGES THAT AMPLIFY CREDIT UNION AND IT'S AGENTS MAY RELY ON THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO WITH AMPLIFY CREDIT UNION EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY AMPLIFY CREDIT UNION PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ AND UNDERSTOOD THE TERMS OF THIS APPLICATION, INCLUDING ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

<input checked="" type="checkbox"/>	Signature	Print Name	Title	Date
<input checked="" type="checkbox"/>	Signature	Print Name	Title	Date
<input checked="" type="checkbox"/>	Signature	Print Name	Title	Date
<input checked="" type="checkbox"/>	Signature	Print Name	Title	Date

We intend to apply for joint credit.

<input checked="" type="checkbox"/>	Applicant Signature	Date	<input checked="" type="checkbox"/>	Co-Applicant Signature	Date
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