

credit union				BUSINESS	LOAN APPLICATION				
Officer Name:			Conta	act Phone No.:	Application Received:				
IMPOR	TANT INFOR	MATION ABOUT PROC	CEDURE	ES FOR APPLYING FOR A I	OAN				
To help the government fight the fun information that identifies each personal what that means for you: When you will allow us to identify you. We may also ask to see your driver's	ding and mone on or business u open an acc	y laundering activities, f that opens an account. ount, we will ask for you	ederal la	aw requires all financial institu	utions to obtain, verify, and record				
vvo may also delt to see year anver e	- 11001100 01 0111	or racriarying accument							
		LOAN PU							
Select all that apply: General or Capital Expenditu	res	iness Improvements or Debt Consolidation	☐ Pu ☐ Pu	d the lending needs of your b rchase an Existing Business rchase of Real Estate rchase Vehicle (please descr rchase Equipment (please de					
	Tell us whicl	n loan product(s) will he	lp you m	eet your business needs:					
Product ☐ Commercial Real Estate More Fixed Rate (3 or 5 years Amortization (Up to 25 years Fixed Rate Loan (Up to 7 years) ☐ Line of Credit	ears)	years	Amount						
		FORM OF ORG	ΔΝΙΖΔΤ	TION					
Type of Entity: C Corporation S Corporation Sole Proprietorshi	Select Ta	ited Liability Company) ax Classification C Corporation S Corporation		General Associa Limited Non-Pr Limited Liability Other:	ofit				
Business Legal Name:	Boom			inn, source is					
Doing Business as (DBA) Name, if a	ny:			Primary Contact:					
Tax I.D. No.:	Tax I.D. No.: Telephone No.:				Email Address:				
Street Address (no P.O. Boxes):	Street Address (no P.O. Boxes):				Zip:				
Mailing Address (if different):				City, State:	Zip:				
Date Business Established: Month _ Number of Employees After Financir Explain Nature of Business: _ ☐ Manufacturing ☐ Wholesale ☐	ıg	List any Affiliated Co	mpanie	s:	ation:				
		BUSINESS OV	WNEDS	HIP					
Name:	SSN:	Title:		Ownership %:	Owner Since:				
Name:	SSN:	Title:		Ownership %:	Owner Since:				
Name:	SSN:	Title:		Ownership %:	Owner Since:				
Name:	SSN:	Title:		Ownership %:	Owner Since:				

	The fo	ollowing informati			SECURE YOU			cure your business loan	reques	t.
CH			teral that is be	ing offered to	secure your Bu	ısiness lo	an request. C	Current Value, Lien(s), o		
Collateral Current Value			e(s) are required for all pledged co		Des	cribe Collateral	Ow	ner Name(s)		
Azura	Credit Union		\$				(ii real es	tate also provide address)		
	etable Securiti		\$							
Equip	ment ew 🔲 Used		\$							
Vehic	le _		\$							
Acco	unts Receivab	le	\$							
Inven			\$							
∏ Re	er Occupied R esidential ommercial	eal Estate	\$							
Re Co	tment Real Es esidential ommercial xed Use her	state	\$							
Include	BUSINESS OBLIGATIONS/DEPOSIT RELATIONSHIPS The following information is required to process your application & will help us get a complete view of your current banking relationships. Include all business loans & business deposit relationships (including existing accounts with Azura Credit Union). Do not include rent on office space or other facilities. Business Obligations Business Deposit Relationships									
	Creditor	Loan Type	Current Balance	Monthly Payment	Collateral		Deposit Type	Financial Instituti Name	on	Current Balance
			\$	\$			☐ CHK			\$
			\$	\$			☐ CHK			\$
			\$	\$			☐ CHK ☐ SAV			\$
Or [Check if ad	ditional Information	on accompani	es this applica	ation.		, —			
				STA	TE LAW NOT	TICE(S)				
misur finand subst exten	nderstandings cial accommo itution for any sion of credit,	or disappointmed dation in connect or all of the term must be in writin	ents, any con ion with this loms or provision g to be effecti	nent must be intract, promised tract, promised an of money ons of any instruction.	n writing to be e, undertaking, or grant or exte trument or doc	enforcea or offer ension of ument ex	to forebear of credit, or any secuted in co	ebraska law. To protect repayment of money of amendment of, cancel nnection with this loan	or to ma lation o of mor	ake any other of, waiver of, on they or grant of
								of Financial Services to s: 1-800-342-3736 or ww		
custo	mers, and th		ng agencies	maintain sepa				e credit equally availab idual upon request. T		
unde or de this a	r Section 766. cree, or has a	70 will adversely actual knowledge	affect the right of its terms, b	nts of the Cred before the cred	dit Union unless dit is granted o	s the Cre r the acc	dit Union is fo ount is opene	ement under Section 76 urnished a copy of the a ed. (2) Please sign if yo the interest of the mar	agreem u are n	ent, statement ot applying fo
Sign.	ature for Wiscon	nsin Residents Only	<u> </u>		eal)					

AGREEMENT/SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize Azura Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that Azura Credit Union will rely on the information in this application and your credit report to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. If you request, Azura Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.

The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower and guarantor(s), as appropriate grants to Azura Credit Union the authority to use reasonable means to verify application information by requesting credit bureau reports, accessing information about borrower and guarantor(s), as appropriate from other third party information providers, and other means if applicable. Borrower further grants to Azura Credit Union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. Borrower agrees to pay any fees charged by Azura Credit Union for processing this application and other related expenses whether the application is approved or denied. You promise that the credit you are applying for is for a business purpose. By signing below or by using your card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

Applicant's	s Signature		Date	Other Signat	ure			Date		
X			(Seal)	x				(Seal)		
Print Nam	e:			Print Name:						
Other Signature Date			Other Signat	Other Signature						
X (Seal)			x	x						
Print Name:				Print Name:						
	CREDIT UNION USE ONLY									
DATE	☐ APPROVED☐ DECLINED	Approved Limits:	Signature:	Line of Credit	Other	Other:	Debt Ratio/Score Before After			
	The foll	owing information p		IESS FINANCIALS tails about the financial	cial backgrour	nd of your bu	siness.			
Gross Sales/Revenue					Business Net Income (Net Loss)					