

COMMERCIAL LOAN PACKAGE CHECKLIST

GENERAL DOCUMENTS:

- □ Signed Commercial Loan Application (attached)
- Business Description (attached) or Business Plan
- □ Personal Financial Statement for each guarantor, complete and signed (attached)
- □ Applicant Employment History (attached)
- Business Debt Schedule (attached)
- □ Last 3 years business tax returns, including K-1 Schedules, and audited financial statements
- □ Last 3 years personal tax returns with all schedules for each guarantor
- □ Interim year to date profit and loss / balance sheet with prior year comparable
- □ Last 2 months of business bank statements
- □ Primary form of ID for all borrowers

ADDITIONAL DOCUMENTS:

Real Estate Loans

- Purchase Agreement
- □ Construction Contract or Bid for improvements
- □ Most recent property tax notice if available

Term Loans & Lines of Credit

- Detailed purchase agreement or invoice for equipment or vehicle to be purchased (Year, Make, Model, options, mileage and/or hours used)
- Detailed equipment list with year, make, model, options, mileage and/or hours used
- Detailed list of Accounts Receivable

What you can expect:

A commercial loan officer will contact you within one business day after we receive your application to discuss your request. PFCU will attempt to make the decision on the forms you supplied; however, it is possible that additional information may be required. Incomplete or unsigned applications may delay your request.

Can PFCU contact you via text messaging? Yes - (Include number here)



Commercial Loan Application

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you.

We may also ask to see your driver's license or other identifying documents.

Credit Request	ed								
	tal Funds Needed:				Term of Credit: Loan Type:				
	ls provided by you								
	provided by others tal Loan Needed:				Loan Purpose:				
Business Inform		ļ			ļ				
Business Name:					DRA Non	ne (if applical	bla):		
Business Mame.					DDA Nali	ie (ii applicat	ule).		
Address:			City:			State:		Zip Code:	
Phone: Fa		Fax:				Website/Email	1:	·	
EIN: Date Establish		ed:		Owner Sin	nce:	# Employees:		# Locations:	
Type of Business:	○ Ser	rvice		olesale		• Distribut	tion	C	Other
21	○ Re	etail	○ Manu	ifacturing		O Real Est			
	\Box Individual		\Box Limited	Partnership		🗆 Unincorp	porated Associa	tion	□ C-Corp
Business Structure:	Sole Proprieto	rship	\Box Limited	Liability Pa	rtnership	□ Unincor	porated Organiz	zation	□ S-Corp
	General Partne	ership	\Box Limited	Liability Co	ompany	□ Corporat	tion		□ Other
Owner/Guaran	tor Informa	tion							
Name:			SSN:		Title:			DOB:	
Address:			I	City:		State:			Zip Code:
Currently Rent or Own	n:	From:		To:		% Ownership of Business:			PFCU Account #
Phone:		Email:	M		Marital Sta	tus: Single		Married Separated	
Name:			SSN:			Title:			DOB:
Address:			City:			State:			Zip Code:
Currently Rent or Own	n:	From:		To:		% Ownership of Business:			PFCU Account #
Phone:		Email:	I			Marital Status: Single			Married Separated
Name:			SSN:			Title:			DOB:
Address:			1	City:		_1	State:		Zip Code:
Currently Rent or Own: From:		From:		To:		% Ownership of Business:			PFCU Account #
Phone: Email:		Email:				Marital Status: Single			Married Separated
Name:		SSN:			Title:			DOB:	
Address:			1	City:		State:			Zip Code:
Currently Rent or Own	n:	From:		То:		% Ownership of Business:			PFCU Account #
Phone:		Email:		I		Marital Status: Single			Married Separated
						·			~~_

Accounting Firm: Contact Name: Phone # or Email: insurance Agency: Contact Name: Phone # or Email: Miscellancous Information As THE BUSINESS CHANGED NAMES IN THE LAST 5 YEARS? [] YES [] NO HAS THE BUSINESS CHANGED NAMES IN THE LAST 5 YEARS? [] YES [] NO STATE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE [] YES [] NO STHE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE [] YES [] NO ON YOU HAVE AN UP TO DATE BUSINESS PLAN? (IF SO PLEASE PROVIDE A COPY [] YES [] NO STHE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? [] YES [] NO SARE THEBUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? [] YES [] NO STHE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? [] YES [] NO REQUIP ON THERES OR ANY PRINCIPAL/OWNER ARTY TO ANY LIEN OR LAWSUT? [] YES [] NO Required Signatures YES NO NO Sy signing below you certify that to the best of your knowledge and belief all information contained on this application. You also acknowledge that the credit you are upplying for is a business purpose. You authorize PCCU or its assigns to make inquiries to the Internal Revenue Service, and to provide information concerning and credit bureau agencies and associations and other cre	Collateral Offered By Applicant						
Image: Second	Description	Value	Total Liens			Creditor Name	
Image: Second					-		
Image: Sense of the sense					-		
Professional Services Accounting Firm: Contact Name: Phone # or Email: insurance Agency: Contact Name: Phone # or Email: Miscellaneous Information Has THE BUSINESS CHANGED NAMES IN THE LAST 5 YEARS? [] YES [] NO HAS THE BUSINESS RELOCATED FROM ONE COUNTY TO ANOTHER IN THE PAST 5 [] YES [] NO STHE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE [] YES [] NO SON POU HAVE AN UP TO DATE BUSINESS PLAN? (IF SO PLEASE PROVIDE A COPY [] YES [] NO MON RESHIPO THE BUSINESS PLAN? (IF SO PLEASE PROVIDE A COPY [] YES [] NO SAS THE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? [] YES [] NO SAS THE BUSINESS OR ANY PRINCIPAL/OWNER A PARTY TO ANY LIEN OR LAWSUIT? YES NO ARE YOU A MARIUANA RELATED BUSINESS? [] YES [] NO SAS THE BUSINESS OR ANY PRINCIPAL/OWNER A PARTY TO ANY LIEN OR LAWSUIT? YES NO ARE THERE ANY DELINQUENT STATE OR FEDERAL TAXES OWED BY THE BUSINESS? [] YES [] NO Sysigning below you certify that to the best of your knowledge and belief all information contained on this application and in the accompanying statements and Jocuments is the and correct. You agree to notify PFCU or its assigns to make inquiries to the Interal Revenue Service, and to provide inform					•		
Accounting Firm: Contact Name: Phone # or Email: insurance Agency: Contact Name: Phone # or Email: Miscellancous Information As THE BUSINESS CHANGED NAMES IN THE LAST 5 YEARS? [] YES [] NO HAS THE BUSINESS CHANGED NAMES IN THE LAST 5 YEARS? [] YES [] NO STATE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE [] YES [] NO STHE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE [] YES [] NO ON YOU HAVE AN UP TO DATE BUSINESS PLAN? (IF SO PLEASE PROVIDE A COPY [] YES [] NO STHE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? [] YES [] NO SARE THEBUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? [] YES [] NO STHE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? [] YES [] NO REQUIP ON THERES OR ANY PRINCIPAL/OWNER ARTY TO ANY LIEN OR LAWSUT? [] YES [] NO Required Signatures YES NO NO Sy signing below you certify that to the best of your knowledge and belief all information contained on this application. You also acknowledge that the credit you are upplying for is a business purpose. You authorize PCCU or its assigns to make inquiries to the Internal Revenue Service, and to provide information concerning and credit bureau agencies and associations and other cre					-		
Insurance Agency: Contact Name: Phone # or Email: Miscellaneous Information	Professional Services						
Miscellancous Information Histocolspan="2">Histocolspan="2"Histocolspan="2" <td>Accounting Firm:</td> <td>Contact Name:</td> <td></td> <td>Phone # or Em</td> <td>nail:</td> <td></td>	Accounting Firm:	Contact Name:		Phone # or Em	nail:		
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HAS THE BUSINESS RELOCATED FROM ONE COUNTY TO ANOTHER IN THE PAST 5 []YES []NO YEARS? []YES []NO S THE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE []YES []NO DO YOU HAVE AN UP TO DATE BUSINESS PLAN? (IF SO PLEASE PROVIDE A COPY []YES []NO MITH YOUR APPLICATION) []YES []NO AS THE BUSINESS OR ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY? []YES []NO S THE BUSINESS OR ANY PRINCIPAL/OWNER A PARTY TO ANY LIEN OR LAWSUIT? []YES []NO ARE YOU A MARIJUANA RELATED BUSINESS? []YES []NO ARE THERE ANY DELINQUENT STATE OR FEDERAL TAXES OWED BY THE BUSINESS? []YES []NO Required Signatures [] NO []YES []NO By signing below you certify that to the best of your knowledge and belief all information contained on this application and in the accompanying statements and locuments is true and correct. You agree to notify PFCU immediately of any material changes in this application. You also acknowledge that the credit you are applying for is for a business purpose. You authorize PFCU or its assigns to make inquiries to the Intermal Revenue Service, and to provide information concerning Applicant's credit relationship to business redit reporting and credit bureau agencies and associations and other creditors. This application remains the sole property of PFCU whether or not the loan is granted. Applicant(s), and guarantor(s), as app	Miscellaneous Information						
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Applicant Signature Title: Date:	Applicant Signature		Title:		Date:		
	Applicant Signature		Title:		Date:		
Applicant Signature Title: Date:	Applicant Signature		Title:	Date:			
	Applicant Signature		Title:		Date:		

For Lender's Use Only			
Officer No./Name	Approved By	Committee Date	Application Date
Decision Comments:	Denied Denied	□ Conditional Approval	
Notes:			

Business Description

(Use separate attachments to answer questions if necessary or substitute with a business plan)

Nature of Business:

Type of Products/ Services:

Customer Profile:

Competitors --- How do you differentiate your company/ product from those of your competitors?

Major Past Accomplishments:

Future Plans for Growth/ Expansion:

How will this loan benefit your company?



Personal Financial Statement

Credit Union		As of				
The following is submitted for the purpose of pro	curing, establishing and maint	aining credit with you in behalf	of the undersigned	or persons,		
forms, or corporations in whose behalf the unde						
undersigned warrants that this financial stateme	nt is true and correct until a wr	itten notice of changes is giver	n by the undersigned	1.		
Name:		Phone: _				
Business Name:		Business	Phone:			
Address:						
City, State, & ZIP:						
Assets	(Omit Cents)	Lia	bilities	(Omit Cents)		
Cash On Hand at PFCU	\$	Loans Payable to Ban (Describe in Sec. 2)	ks & Others	\$		
Cash On Hand at other institutions	\$	Loans Payable to Ban (Describe in Sec. 2)	ks Unsecured	\$		
IRA or Other Retirement Accounts	\$	Auto Loans & Leases		\$		
Accounts & Notes Receivable	\$	Loan on Life Insurance	e	\$		
Stocks and Bonds (Describe in Sec. 3) \$ Mortgages on Real Estate (Describe in Section 4)						
Real Estate (Describe in Sec. 4) \$ Credit Cards \$				\$		
Automobile (Present Value) \$ Unpaid Income Tax (Describe in Sec. 7) \$				\$		
Book Value of Business Ventures (Describe in Sec. 6)	\$	Other Liabilities (Describe in Sec. 8)				
Personal/Other Assets (Describe in Sec. 5)	\$	Total Liabilities \$				
Life Insurance - cash surrender value only (Describe in Sec. 9)	\$					
Total Assets	\$]	Net Worth	\$		
Section 1. Source of Income		Contingent Liabilities	•			
	\$	As Endorser or Co-Sig		\$		
Net Investment Income		Legal Claims & Judge				
Real Estate Income		Provision for Federal I				
Other Income (Describe Below)						
Description of Other Income in Section 1 (ex. C		Other Special Debt\$				
	ind oupport, Annony, or any e					
Section 2. Loans Payable to Banks	and Others (Use /	Attachments if necessary. Eacl	h attachment must b	e signed.)		
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment	Type of Collateral		
			J			

Section 3. Stocks and Bonds (U			(Use attachments if necessary. Each attachment must be signed.)				
Number of Shares	Name of Securities	Cost		Market Value	Total Value		
Section 4.	List each pa	arcel separately. U	se attachment	if necessary. Each attachment n	ust be signed.		
Real Estate Owned	Property A			Property B	Property C		
Type of Property (Residential, Commercial, or VL)							
Property Address							
Date Purchased							
Original Cost							
Present Market Value							
Mortgage Holder							
Mortgage Balance							
Mortgage Payment							
	sonal Property and Other boats, Valuables/Collections, etc.)	r Assets (Descri	ibe, and if any yment amount	is pledged as security, state name	e of lien holder, amount of lien,		
Section 8. Other Lia	abilities (Describe in detail.)						
Section 9. Life Insurance Held (Give face amount and cash value of policies - name of insurance company and beneficiaries.)							
Personal & Miscellaneous Information							
Do you have a will? Are you a defendant in any suite or legal action?							
Have you ever declared bankruptcy? (If yes, please provide year bankruptcy filed.)							
By signing this form, I certify that all information on this form and any additional supporting information is true and complete to the best of my knowledge.							
Print Name:	Date:						
Signature: Print Name:	ure: Date: ame:						



Applicant Employment History

Applicant 1					
Name:		Current Employer:			
Income:	Position:		Hire Date:		
Street Address:	•				
City:	State:		ZIP:		
Previous Employer:		Income:			
Position:	Dates of Employment	: From:	To:		
Street Address:					
City:	State:		ZIP:		

Applicant 2			
Name:		Current Employer:	
Income:	Position:		Hire Date:
Street Address:			1
City:	State:		ZIP:
Previous Employer:		Income:	
Position:	Dates of Employment	t: From:	To:
Street Address:			
City:	State:		ZIP:

Applicant 3			
Name:		Current Employer:	
Income:	Position:		Hire Date:
Street Address:			
City:	State:		ZIP:
Previous Employer:		Income:	·
Position:	Dates of Employmen	t: From:	То:
Street Address:	•		
City:	State:		ZIP:

Applicant 4						
Name:		Current Employer:				
Income:	Position:		Hire Date:			
Street Address:						
City:	State:		ZIP:			
Previous Employer:	1	Income:				
Position:	Dates of Employment	To:				
Street Address:						
City:	State:		ZIP:			



Business Debt Schedule

Business Name:

Date:

Indebtedness: Furnish the following information for all installment debts, contracts, notes, and mortgages payable for the business. Indicate by asterisk (*) items to be paid with loan proceeds and your reason for paying the debt off. The present balance should agree with the information provided on the current Personal Financial Statement or Balance sheet submitted. Please do not include accounts payable or accrued liabilities.

Creditor Name and Address	Original Date	Interest Rate	Maturity Date	Original Amount	Present Balance	Monthly Payment	Collateral/Security
	-						
	-						
	-						
	1						
	_						
	-						

Personal Information Verification Form

Date Completed:_____

The information contained in this statement is provided to the Lender for the purpose of obtaining, or maintaining credit with the Lender, or to support the applicant's joint or individual guarantee on behalf of other persons, firms, or corporations who are obtaining credit accommodations with the Lender. The applicant understands that the Lender will rely on the information given in making its decision to either grant or maintain such credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. Lender is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine your credit worthiness.

Applicant agrees that the lender, along with its employees, agents and Member Business Services, LLC d/b/a Commercial Alliance, governmental or quasi-governmental agencies such as SBA, USDA and MCDC, service providers and any owners or potential owners of any interest in any loan which is originated from my application, may obtain, share and use any tax return information for any purpose permitted by law, including (i) preparing a term sheet or offer to lend, and (ii) considering, approving, monitoring, servicing and participating a loan.

Provide Complete Name of Borrower or Guarantor(s):

Are there any assets pledged other than as described on the schedules of Personal Financial Statements? If yes, describe below:

Are you a member, partner or officer in any other venture which could result in individual liabilities? If yes, describe below:

Are you obligated to pay alimony, child support or separate maintenance payments? If yes, describe below:

Personal Information Verification Form Jan 2020.pdf

Are you a defendant in any suits or legal action(s)? If yes, describe below:

Do you have any State or Federal Tax Liens? If yes, describe below:

Do you have a will? If yes, name the Executor:

Do you have a Revocable Trust? If yes, provide a copy of the Trust Agreement.

Are you the grantor or beneficiary of an Irrevocable Trust? If yes, provide a copy of the Trust Agreement.

Have you been audited or any of your business ventures been audited by the IRS? If so, provide what year and explain the reason for the audit below:

Have you ever declared bankruptcy? If yes, provide details below:

The undersigned certifies that the information contained in this personal information verification form is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. It may be a federal crime punishable by a fine of not more than \$5,000 or imprisonment for not more than two years or both to knowingly make false statements concerning any of the above information, under provisions of Title 18, United States Code, Section 1014. The undersigned certifies that by completing this form and signing that all relevant credit inquiries can be engaged or started to make appropriate credit decisions.

Signature

Date

Date