



Your life. Our commitment.

Member Business Loan Application

| For Credit Union Use Only | Principal | Loan Date | Maturity | Loan No. | Member No. | Credit Union | Amount | CU Officer | Initials |
|---------------------------|--------------------|-----------|----------|----------|------------|--------------|--------|------------|----------|
| | For Approvals Only | | | | | | | | |

We intend to apply for joint credit: Check Box and Initial: _____ Initials _____ Initials

| | |
|-------------------------------|-----------|
| Applicant Information | |
| Name: | |
| Street Address: | |
| City: | |
| State: | Zip Code: |
| Mailing Address: | |
| City: | |
| State: | Zip Code: |
| Federal Tax Number TIN/SSN: | |
| Applicant's Telephone Number: | |

| |
|-----------------------------------|
| Credit Union |
| CU Name: Consumers Credit Union |
| Address: 1075 Tri-State Parkway |
| City: Gurnee State: IL Zip: 60031 |
| Contact Person: |
| Contact Phone: |
| Fax or Email: |
| Additional Information: |

Applicant Proposed Credit Facility:

| |
|--|
| Proposed Loan Terms |
| Loan Amount _____ Interest Rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> No Preference |
| Loan Term in Months or Years _____ |
| Business Purpose of Loan: |

| | | | |
|--|--|--|---|
| Type of Collateral | | | |
| <input type="checkbox"/> Titled <input type="checkbox"/> Automobile <input type="checkbox"/> Van <input type="checkbox"/> Short Haul Truck <input type="checkbox"/> Long Haul Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Ship <input type="checkbox"/> Aircraft <input type="checkbox"/> Other, Please Specify: _____ | <input type="checkbox"/> Possessory <input type="checkbox"/> Share Savings/CD's <input type="checkbox"/> Stocks and/or Bonds <input type="checkbox"/> Notes/Instruments/Chattel Paper <input type="checkbox"/> Warehouse Receipts/Bills of Lading <input type="checkbox"/> Letters of Credit <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other Pledged Collateral: _____ | <input type="checkbox"/> UCC Collateral <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Inventory <input type="checkbox"/> Chattel Paper <input type="checkbox"/> Equipment <input type="checkbox"/> General Intangibles <input type="checkbox"/> Fixtures <input type="checkbox"/> Crops <input type="checkbox"/> Farm Products <input type="checkbox"/> Livestock <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Wraparound UCC filing on all business assets <input type="checkbox"/> Other UCC Collateral: _____ | <input type="checkbox"/> Real Estate <input type="checkbox"/> Commercial – Owner Occupied <input type="checkbox"/> Commercial – Non-Owner Occupied <input type="checkbox"/> Income Property – Commercial <input type="checkbox"/> Income Property – Retail <input type="checkbox"/> Income Property – Residential <input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Condominium <input type="checkbox"/> Other Real Estate: _____ |
| Other Collateral or Description: _____ | | | |

| | | |
|---|--|---|
| Payment Type | | |
| <input type="checkbox"/> Installment Payments <input type="checkbox"/> Single Payment <input type="checkbox"/> Interest Only With a Balloon Payment <input type="checkbox"/> Installment Payments With a Balloon Payment | <input type="checkbox"/> Seasonal Payments <input type="checkbox"/> Step Up Payments (Smaller to Larger) <input type="checkbox"/> Step Down Payments (Larger to Smaller) | <input type="checkbox"/> Non-Revolving Line of Credit <input type="checkbox"/> Revolving Line of Credit <input type="checkbox"/> Other, Please Specify: _____ |

| |
|------------------------------|
| Proposed Repayment Schedule: |
|------------------------------|



Your life. Our commitment.

Member Business Loan Application

Information Regarding Your Business:

| | |
|---|---|
| Description of Business: | |
| Type of Organization | |
| <input type="checkbox"/> Profit C-Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Profit S-Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Individual |
| | <input type="checkbox"/> Sole Proprietorship |
| | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Other, Please Specify: |
| Official Legal Name: | |
| DBA Name (if any): | |
| State of Organization: | Qualified to do Business in the Following States: |
| If type of organization is an individual, a sole proprietorship, or a trust, name(s) and address(es) of owner(s) primary residence(s): | |
| Please attach copies of: <input type="checkbox"/> For Corporations, Articles of Incorporation, <input type="checkbox"/> For a Limited Liability Corporation, the equivalent certificate, or <input type="checkbox"/> For a Partnership, a Certificate of Partnership if the partnership is registered in any state (if applicable). <input type="checkbox"/> Limited Liability Corporation's Operating Agreement (if applicable) <input type="checkbox"/> Partnership Agreement (if applicable) | |
| Trade styles or other names under which we do or have done business: | |
| Registered assumed business name filings (Furnish copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable.): | |
| Principal Place of Business: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify: | |
| Location of Accounting Books and Financial Records: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify: | |

Proposed Guarantor(s) (Specify Relationship to Applicant):

| Guarantor(s) | Address | Relationship |
|--------------|---------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Guarantor(s) Financial Information Attached:

| Attached | Not Attached | Please attach copies of: | Date(s) or Period(s) Ending |
|--------------------------|--------------------------|-----------------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Individual Financial Statement(s) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Federal Tax Return(s) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Share Account Statement(s) | |



Your life. Our commitment.

Member Business Loan Application

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 Credit Union is relying on this application in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to my financial condition. I understand that Credit Union will retain this member business loan application whether or not credit is granted.

I (we) certify that all financial information provided to Consumers Credit Union in connection with my (our) loan request, including but not limited to Federal tax returns and financial statements, are true and exact copies of the originals. In addition, on an annual basis I (we) agree to submit any additional financial information as requested by Consumers Credit Union and I (we) hereby certify any future submissions will be true and exact copies of the originals.

| | |
|----------------|--|
| Business Name: | |
| Signature: | |
| Printed Name: | |
| Date: | |

| | |
|----------------|--|
| Business Name: | |
| Signature: | |
| Printed Name: | |
| Date: | |

| | |
|----------------|--|
| Business Name: | |
| Signature: | |
| Printed Name: | |
| Date: | |

| | |
|----------------|--|
| Business Name: | |
| Signature: | |
| Printed Name: | |
| Date: | |

| | |
|----------------|--|
| Business Name: | |
| Signature: | |
| Printed Name: | |
| Date: | |

| | |
|----------------|--|
| Business Name: | |
| Signature: | |
| Printed Name: | |
| Date: | |

192947 (Revised 8/1/2018)

Member Name _____ Loan Amount: \$ _____

HMDA | DEMOGRAPHIC DATA FORM

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (e.g. ethnicity, race and sex) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more “Hispanic or Latino” origins and one or more designations for “race”. The law provides that we may not discriminate on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race and sex on the basis of visual observation and surname. If you do not wish to provide some or all of this information, please check below. **Check one or more that apply.**

| APPLICANT | CO-APPLICANT |
|---|---|
| <p style="text-align: center;">ETHNICITY</p> <p><input type="checkbox"/> Hispanic or Latino</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino Print origin below (e.g. Argentinian, Columbian, Dominican, Nicaraguan, Salvadoran, etc.) <hr/> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information.</p> <p style="text-align: center;">RACE</p> <p><input type="checkbox"/> American Indian or Alaska Native Print name of enrolled or principal tribe.</p> <hr/> <p><input type="checkbox"/> Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Print Race (e.g. Hmong, Laotian, Thai, Pakistani, Cambodian, etc) | <p style="text-align: center;">ETHNICITY</p> <p><input type="checkbox"/> Hispanic or Latino</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino Print origin below (e.g. Argentinian, Columbian, Dominican, Nicaraguan, Salvadoran, etc.) <hr/> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information.</p> <p style="text-align: center;">RACE</p> <p><input type="checkbox"/> American Indian or Alaska Native Print name of enrolled or principal tribe.</p> <hr/> <p><input type="checkbox"/> Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Print Race (e.g. Hmong, Laotian, Thai, Pakistani, Cambodian, etc) |

HMDA | DEMOGRAPHIC DATA FORM

APPLICANT

CO-APPLICANT

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander
Print Race (e.g. Fijian, Tongan, etc.)

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander
Print Race (e.g. Fijian, Tongan, etc.)

- White
 - I do not wish to provide this information.
- SEX
- Female
 - Male
 - I do not wish to provide this information.

- White
 - I do not wish to provide this information.
- SEX
- Female
 - Male
 - I do not wish to provide this information.

To Be Completed by Financial Institution (for an application taken in person):

| | YES | NO |
|--|--------------------------|--------------------------|
| Was the ethnicity of the APPLICANT collected on the basis of visual observation or surname? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the ethnicity of the CO-APPLICANT collected on the basis of visual observation or surname? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the race of the APPLICANT collected on the basis of visual observation or surname? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the race of the CO-APPLICANT collected on the basis of visual observation or surname? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the sex of the APPLICANT collected on the basis of visual observation or surname? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the sex of the CO-APPLICANT collected on the basis of visual observation or surname? | <input type="checkbox"/> | <input type="checkbox"/> |