



**BUSINESS LOAN APPLICATION**

**I. GENERAL INFORMATION**

Applicants Name / Borrower (individual business owner or business name):		Tax ID Number:
Mailing Address:	Contact Person:	E-mail:
Project Address (if different):	Phone No:	Fax No:
County:		
Form of Operating Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	Name and Form of Holding Company or Entity Owning Business Assets, if other than borrower: _____ <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation (for profit or non-profit and PCs)	
State in which organized:	Since:	State in which organized: Since:

**II. OWNERSHIP INFORMATION**

Business Owners	Title (i.e, President, Manager, Partner)	% of Owner-ship	Driver's License # and State	Social Security Number

**III. PROJECT FINANCING (attach additional pages as necessary)**

USES OF PROCEEDS		SOURCES OF PROCEEDS	
Land	\$	Applicant Equity Injection / cash down payment or trade Source: <input type="checkbox"/> cash <input type="checkbox"/> equity <input type="checkbox"/> other _____	\$
Building	\$	The Florist Credit Union:                      Loan Amount:	\$
Company vehicles, machinery & Equipment (includes rolling stock, vehicle financing, etc)	\$	Other Financing, if any:                      Loan Amount: Name:	\$
Inventory	\$	Other Private Party Financing                      Loan Amount:	\$
Working Capital	\$	Name:	\$
Other:	\$		\$
<b>TOTAL:</b>	\$	<b>TOTAL:</b>	\$

**IV. BUSINESS INFORMATION**

Please attach a narrative summary or history and description of your business as follows. The questions below are meant to provide a guide. Include all pertinent information explaining the nature of the business and the anticipated success. For a new business, please attach a business plan.

1. What product or service will be provided? Please describe in detail.
2. Describe your business location(s). How will you operate? What will be the hours of operation?
3. Who are your competitors (list names of businesses and how you will differentiate your business from theirs)?
4. Describe your marketing plan and activities. How do you distribute your product or service?
5. How will you price your product or service? Please explain the rationale to support the price and market acceptance.
6. Who are the customers who use your product or service? If applicable, provide copies of contracts, letters of interest, or invoices.
7. Describe the management team's expertise and experience and how it relates to the business operation.

**V. REFERENCES**

Type	Name	Address	Phone
Credit Union			
Bank			
Attorney			
Accountant			
Insurance Co.			
Personal (not related)			
Relative			

**VI. FINANCIAL INFORMATION**

Please attach the following financial information to the application or ensure they are included in your business plan. You may use any generally accepted format or pro-forma statements as needed.

<p><b>HISTORICAL FINANCIAL STATEMENTS:</b></p> <p><u>Existing Businesses</u></p> <ol style="list-style-type: none"> <li>Complete Tax Returns (including all schedules, supplements, attachments, for the most current previous 2 to 3 year period.</li> <li>Interim Balance Sheet and Income Statement dated within 90 days. (May be self-generated)</li> </ol> <p><u>All Owners or Guarantors</u> Personal financial statement dated within 90 days, detailing personal assets and liabilities, as well as sources and uses of personal income. Please include <b>two years current tax returns</b>, if required by lender.</p>	<p><b>PRO-FORMA FINANCIAL STATEMENTS:</b></p> <p><u>New or Significantly Expanding Businesses ONLY</u></p> <p>Financial projections for <i>two years</i> composed of</p> <ol style="list-style-type: none"> <li>Monthly detailed Cash Flow Statements</li> <li>Income Statements</li> <li>Balance Sheets</li> </ol> <p>(See attached exhibit B, C, &amp; D)</p>
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**VII. LIST OF COLLATERAL, if any (attach additional list as necessary)**

Description	Address or Model and Serial Number	Value	Method of Valuation
		\$	
		\$	
		\$	
		\$	
		\$	
	<b>Total value</b>	\$	

**VIII. SCHEDULE OF ASSETS (attach additional schedule as necessary)**

Cash and deposits	Financial Institution	Value of Acct	Method of valuation, if any
		\$	
		\$	
		\$	
		\$	

Company owned Real Estate (address)	Purpose	Value	Method of valuation, if any
		\$	
		\$	
		\$	

Other assets (type: vehicle, equipment, etc)	Identification or model	Value	Method of valuation, if any
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	<b>Total Value:</b>	\$	

**IX. SCHEDULE OF DEBT FOR BUSINESS** (attach additional schedule as necessary)

Lender	Original Amount	Original Date	Loan Balance	Maturity Date	Monthly Payment	Loan Status past due Y/N	Collateral Description
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
<b>Totals:</b>	\$		\$		\$		

**X. DISCLOSURE & INFORMATION**

This loan application being completed by the borrower as shown above and / or executed by those authorized to act on behalf of the borrower, here in collectively referred to as “**BUSINESS MEMBER**”. The Florist Credit Union, its members, officers, agents and attorneys are hereinafter referred to collectively as “**LENDER**”. **LENDER** will seek financing for the **BUSINESS MEMBER** if it determines, in its sole discretion, that (1) **BUSINESS MEMBER** is within **LENDER’S** eligibility criteria (2) the credit is likely to be approved and (3) other elements of the complete project can also be financed or funded.

**Application Deposit and Fees:** **BUSINESS MEMBER** may pay a refundable deposit at the signing of this agreement to cover **LENDER** expenses in package preparation. The application deposit is \$200 for all business loans in excess of \$50,000. All deposits or fees are refunded to **BUSINESS MEMBER** as a credit at loan disbursement if the application is approved and funded. If **BUSINESS MEMBER** withdraws the application prior to approval or closing, **LENDER** may retain the deposit to pay for any expenses (i.e., staff time, travel, credit report or title fees, filing fees, filing terminations, etc.) incurred in the packaging and processing of the loan request. If the loan is declined, the deposit may be refunded less any costs as shown above.

**No LENDER Liability:** **LENDER** is depending upon **BUSINESS MEMBER** to promptly supply accurate information and to prepare the application. In addition, financing is dependent upon many factors that **LENDER** cannot control, including economic factors and the decisions of the financial institutions involved in the project. Accordingly, **LENDER** does not promise that **BUSINESS MEMBER** will obtain financing. **BUSINESS MEMBER** agrees that **LENDER** shall not be responsible in any manner or liable to the **BUSINESS MEMBER** or any other person, in the event that financial assistance is not obtained from this loan application or private financing sources. **BUSINESS MEMBER** further agrees that **BUSINESS MEMBER** will hold **LENDER** harmless and pay all costs and expenses, including attorney’s fees, in the event any claim is made or lawsuit is filed by or against **LENDER** arising out of any transaction with or assistance to the **BUSINESS MEMBER**.

**Fees:** If successful in obtaining financing, the **BUSINESS MEMBER** agrees to pay **LENDER** a fee, if applicable. Other fees may be assessed by any loan partnerships that may be obtained, such as the SBA, State of New Mexico Small Business Loan Programs, etc, including payment servicing fees if applicable. In addition, **BUSINESS MEMBER** agrees to pay all costs associated with closing the loan, issuing guarantees or related project financing transactions, including but not limited to, title insurance, recording fees, appraisals, environmental reports and legal fees. BUSINESS MEMBER will be issued a list of expected charges. To the extent permitted, **BUSINESS MEMBER** will pay **LENDER’S** reasonable attorney’s fees and expenses for work performed in enforcing this and other agreements between the parties and establishing, modifying, amending or transferring the terms, conditions, or interest connected with the loan and security thereof.

**Business and Credit Information:** **BUSINESS MEMBER** agrees that **LENDER** may receive confidential business, financial, and credit information about the **BUSINESS MEMBER** from financial institutions, credit reporting agencies, or other sources. **LENDER** agrees that all confidential information received will be held in confidence and not divulged to persons or agencies, other than prospective lenders or guarantors, **BUSINESS MEMBER** accountant and attorney, and other persons listed in any part of the Loan Application or provided verbally or in written form by **BUSINESS MEMBER**. Furthermore, **BUSINESS MEMBER** authorizes all references contained herein, as well as any other source of information pertaining to their creditworthiness, to disclose such information to **LENDER**, or its agent. **BUSINESS MEMBER** further authorizes **LENDER** to provide information concerning their credit relationship to other creditors or reporting agencies at **LENDERS** discretion.

**Change of Circumstance:** **BUSINESS MEMBER** agrees to notify **LENDER** immediately, in writing, of any materially unfavorable change in the **BUSINESS MEMBER’S** financial condition, business activities, plan or status. The absence of such notification shall be considered a continuing statement that no such unfavorable change has occurred.

**Voluntary Disclosure:** Notwithstanding the provisions above, **BUSINESS MEMBER** agrees to allow **LENDER** to disclose the following information about its business and its project to any person, organization, business, governmental agency, or any entity upon approval of any loan: (1) business name, (2) general project description, (3) total project cost, (4) number of new jobs created or existing jobs retained, (5) participating lenders and (6) **LENDER** loan amount.

**Authority and Certifications:** **BUSINESS MEMBER** certifies that the person(s) signing on behalf of **BUSINESS MEMBER** is authorized to do so by all individuals, partnerships, partners, corporations, members or other individuals or legal entities that are a party to or receive assistance through this loan application. Furthermore, **BUSINESS MEMBER** certifies that the statements and representations made herein are true and correct and that **BUSINESS MEMBER** has disclosed all relevant information to **LENDER** for processing of loan application including the following responses, with written detailed explanations attached for any question to which **BUSINESS MEMBER** answers “Yes”:

1. Have any of the individuals, owners or businesses a part of this application, been involved in bankruptcy or have any pending or probable lawsuits?  Yes  No If so, when \_\_\_\_\_
2. Do any of the individuals, owners or businesses, a part of this application, have ownership in other businesses?  Yes  No If so, please list. \_\_\_\_\_
3. Are any of the individuals, as part of this application (a) presently under indictment, on parole, or probation, or (b) have they ever been charged with or arrested or convicted of any criminal offense other than a motor vehicle violation?  Yes  No
4. Do any of the individuals (or members of their households), owners or businesses a part of this application above work for or are associated with the Small Business Administration, SCORE, or ACE, any Federal Agency, or the participating lender or any affiliate?  Yes  No

5. Are any of the individuals, owners or businesses a part of this application, delinquent, or in default, on student loan payments, federal debt, child support obligations or any other local, state or government obligation?  Yes  No
6. Are any of the above individuals or owners involved in this application **NOT** a U.S. citizen?  Yes  No

ACKNOWLEDGED AND AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

Authorized Signer:  \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Submit the completed application, the application deposit, and all additional attachments to:**  
**The Florist FCU**  
**Attn: Business Services Officer**  
**404 N Kentucky PO Box 2202**  
**Roswell, NM 88202-2202**  
**Phone: 575-622-0560**  
**Fax: 575-627-6530**  
**Kenn.bell@thefloristfcu.org**

**Note: Application deposits or, if required, prepaid credit report fees must be remitted with the application and will not be processed until the application deposit is received. Complete applications will be processed in the order they are received. An application is complete only when the above information is submitted and accepted by staff at The Florist Federal Credit Union.**

*The Federal Equal Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status 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 is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.*



**The Florist**  
Federal Credit Union

**PERSONAL FINANCIAL STATEMENT**

(make copies as needed)

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. Please provide income verification: a) 2 years tax returns business & personal b) current pay stubs, if any, and c) current P & L and Balance Sheet as applicable.

**SECTION 1 – INDIVIDUAL INFORMATION** (Type or Print)

**SECTION 2 – OTHER PARTY INFORMATION** (Type or Print)

Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Home Phone No.	Business Phone No.	Home Phone No.	Business Phone No.

**SECTION 3 – STATEMENT OF FINANCIAL CONDITION AS OF \_\_\_\_\_, 20\_\_\_\_**

ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit Cents)	LIABILITIES	In Dollars (Omit Cents)
Cash on Hand and in Banks	\$	Notes Payable to Banks – Secured	\$
U.S. Gov't. & Marketable Securities – see Schedule A	\$	Notes Payable to Banks – Unsecured	\$
Non-Marketable Securities – see Schedule B	\$	Due to Brokers	\$
Securities Held by Broker in Margin Accounts	\$	Amounts Payable to Others – Secured	\$
Restricted or Control Stocks	\$	Amounts Payable to Others – Unsecured	\$
Partial Interest in Real Estate Equities – see Schedule C	\$	Accounts and Bills Due	\$
Real Estate Owned – see Schedule D	\$	Unpaid Income Tax	\$
Loans Receivable	\$	Other Unpaid Taxes and Interest	\$
Automobiles and Other Personal Property	\$	Real Estate Mortgages Payable – see Schedule D	\$
Cash Value – Life Insurance – see Schedule E	\$	Other Debts – Itemize: (attach list as needed)	\$
Other Assets – Itemize: (attach list as needed)	\$		\$
	\$		\$
	\$	<b>TOTAL LIABILITIES</b>	\$
	\$	<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

**SOURCES OF INCOME FOR YEAR ENDED \_\_\_\_\_, 20\_\_\_\_ PERSONAL INFORMATION**

Salary, Bonuses, & Commissions	\$	Do you have a will?	If yes, name of executor:
Dividends	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate Income (provide)	\$	Are you a partner or officer in any other venture? If so, describe:	
Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	\$	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:	
	\$	Are any assets pledged other than as described on schedules? If so, describe:	
<b>TOTAL</b>	\$	Income tax settled through (date):	
<b>CONTINGENT LIABILITIES</b>		Are you a defendant in any suits or legal actions?	
Do you have any contingent liabilities? If so, describe:		Personal bank accounts carried at:	
As Endorser, Co-Maker, or Guarantor? <input type="checkbox"/> yes <input type="checkbox"/> no	BALANCE / PAYMENT		
On Leases or Contracts? <input type="checkbox"/> yes <input type="checkbox"/> no		Have you ever been declared bankrupt? If so, describe together with date:	
Legal Claims <input type="checkbox"/> yes <input type="checkbox"/> no			
Other Special Debt <input type="checkbox"/> yes <input type="checkbox"/> no			
Amount of Contested Inc Tax Liens <input type="checkbox"/> yes <input type="checkbox"/> no			

**SCHEDULE A – U.S. GOVERNMENTS & MARKETABLE SECURITIES**

Number of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Market Value

**SCHEDULE B – NON-MARKETABLE SECURITIES**

Number of Shares	Description	In Name of	Are These Pledged?	Source of Value	Value

**SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES**

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Pmt / month	Mortgage Amount

**SCHEDULE D – REAL ESTATE OWNED**

Address & Type of Property	Title in Name of	Date Acquired	Cost	Market Value	Pmt / month	Mortgage Amount

**SCHEDULE E – LIFE INSURANCE CARRIED**

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

**SCHEDULE F – BANKS, CREDIT UNIONS, ALL OTHER DEBT (attach additional information as needed)**

Name & Address of Lender	Credit in the Name of	Named Collateral or Unsecured?	Date of Credit	Payment per month	Current Balance

**Please submit this form together with any attached documents to your CU lending representative.**

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each 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. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit-worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) \_\_\_\_\_

S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature (Other Party) \_\_\_\_\_

Date Signed \_\_\_\_\_, 20\_\_\_\_\_

S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_