



**PENNSYLVANIA STATE  
EMPLOYEES CREDIT UNION**  
P.O. Box 67012 • Harrisburg, PA 17106  
800.237.7328  
www.psecu.com

## Business Loan Application

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN

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.

### LOAN REQUEST

**Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.**

- Individual Credit:** You must complete the Applicant section about yourself and the Other section about your spouse if
- You live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
  - You spouse will use the account, or
  - You are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payment you are relying.

- Joint Credit:** Each Applicant must **individually** complete appropriate section below. If Co-Applicant is spouse of the Applicant, mark the Co-Applicant box

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Signature	Date
<b>X</b>	(Seal)

Co-Applicant Signature	Date
<b>X</b>	(Seal)

Type of Request:  Business Vehicle Loan      Amount Requested \$ \_\_\_\_\_

Purchase Type  Dealer  Private Party  Lease Buyout  Rollover from Another Institution  Member Owned  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_  New  Used

If you are trading in a vehicle that is currently financed, enter the monthly payment amount \$ \_\_\_\_\_

Business VISA - Amount Requested \$ \_\_\_\_\_ Purpose of Loan: \_\_\_\_\_

Equipment Loan  
 Amount Requested \$ \_\_\_\_\_

Purchase Type  Dealer  Private Party  Lease Buyout  Rollover from Another Institution  Member Owned  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_  New  Used  
 # Hours Used \_\_\_\_\_

If you are trading in equipment that is currently financed, enter the monthly payment amount \$ \_\_\_\_\_

Unsecured Term Loan (maximum term 5 years)      Amount Requested \$ \_\_\_\_\_  
 Purpose of Loan: \_\_\_\_\_

Unsecured Line of Credit (Max Line \$50,000)      Amount Requested \$ \_\_\_\_\_  
 Purpose of Loan: \_\_\_\_\_

### BUSINESS INFORMATION

BUSINESS NAME	YEAR BUSINESS ESTABLISHED	STATE
BUSINESS LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE
NATURE OF BUSINESS	OTHER STATES OPERATING IN	
BUSINESS ADDRESS*	NUMBER OF EMPLOYEES	WEBSITE ADDRESS
CONTACT NAME	TITLE	TELEPHONE
TYPE OF ORGANIZATION: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC		

NOTE\*: ALL PARTIES MUST HAVE A PHYSICAL ADDRESS. IF YOU ARE USING A P.O. BOX, DO NOT ENTER IT ON THIS FORM. ENTER PHYSICAL ADDRESS.

### OWNERSHIP/OFFICER INFORMATION

NAME	TITLE	NUMBER OF YEARS	OWNERSHIP PERCENTAGE	SSN/TIN NUMBER

CHECK IF ADDITIONAL OWNERSHIP INFORMATION ACCOMPANIES THIS APPLICATION.

**OWNER/GUARANTOR INFORMATION**

NAME				
SSN/TIN/EIN NUMBER	DRIVER'S LICENSE NUMBER/STATE	ISSUANCE DATE	EXPIRATION DATE	DATE OF BIRTH
HOME TELEPHONE	CELL PHONE	FAX NUMBER	EMAIL	
CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN				
HOME ADDRESS		TIME AT PRESENT ADDRESS	<input type="checkbox"/> OWN - MORTGAGE <input type="checkbox"/> OWN - NO MORTGAGE <input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENT/RELATIVE MONTHLY PAYMENT \$
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			MONTHLY PAYMENTS FOR ALIMONY, CHILD SUPPORT OR OTHER COURT-ORDERED PAYMENTS: \$	
DO YOU HAVE A CHECKING ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE A SAVINGS ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER NAME	EMPLOYER TELEPHONE NUMBER	TITLE	TIME WITH PRESENT EMPLOYER	

**GUARANTOR/CO-APPLICANT**

I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE): <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT				
SSN/TIN NUMBER		DATE OF BIRTH		
NAME				
DRIVER'S LICENSE NUMBER/STATE	ISSUANCE DATE	EXPIRATION DATE		
HOME TELEPHONE	CELL PHONE	FAX NUMBER	EMAIL	
CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN				
HOME ADDRESS		TIME AT PRESENT ADDRESS	<input type="checkbox"/> OWN - MORTGAGE <input type="checkbox"/> OWN - NO MORTGAGE <input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENT/RELATIVE MONTHLY PAYMENT \$
DO YOU HAVE A CHECKING ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A SAVINGS ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
GUARANTOR/CO-MAKER ON OTHER LOANS (Lender name, term, and amount)				
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			MONTHLY PAYMENTS FOR ALIMONY, CHILD SUPPORT OR OTHER COURT-ORDERED PAYMENTS: \$	
ID VERIFICATION:				
EMPLOYER NAME	EMPLOYER TELEPHONE NUMBER	TITLE	TIME WITH PRESENT EMPLOYER	

**GUARANTOR/CO-APPLICANT**

I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE): <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT				
SSN/TIN NUMBER		DATE OF BIRTH		
NAME				
DRIVER'S LICENSE NUMBER/STATE	ISSUANCE DATE	EXPIRATION DATE		
HOME TELEPHONE	CELL PHONE	FAX NUMBER	EMAIL	
CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN				
HOME ADDRESS		TIME AT PRESENT ADDRESS	<input type="checkbox"/> OWN - MORTGAGE <input type="checkbox"/> OWN - NO MORTGAGE <input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENT/RELATIVE MONTHLY PAYMENT \$
DO YOU HAVE A CHECKING ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A SAVINGS ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
GUARANTOR/CO-MAKER ON OTHER LOANS (Lender name, term, and amount)				
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			MONTHLY PAYMENTS FOR ALIMONY, CHILD SUPPORT OR OTHER COURT-ORDERED PAYMENTS: \$	
ID VERIFICATION:				
EMPLOYER NAME	EMPLOYER TELEPHONE NUMBER	TITLE	TIME WITH PRESENT EMPLOYER	

**GUARANTOR/CO-APPLICANT**

I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE): <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT				
SSN/TIN NUMBER		DATE OF BIRTH		
NAME				
DRIVER'S LICENSE NUMBER/STATE	ISSUANCE DATE	EXPIRATION DATE		
HOME TELEPHONE	CELL PHONE	FAX NUMBER	EMAIL	
CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN				
HOME ADDRESS		TIME AT PRESENT ADDRESS	<input type="checkbox"/> OWN - MORTGAGE <input type="checkbox"/> OWN - NO MORTGAGE <input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENT/RELATIVE MONTHLY PAYMENT \$
DO YOU HAVE A CHECKING ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A SAVINGS ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
GUARANTOR/CO-MAKER ON OTHER LOANS (Lender name, term, and amount)				
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			MONTHLY PAYMENTS FOR ALIMONY, CHILD SUPPORT OR OTHER COURT-ORDERED PAYMENTS: \$	
ID VERIFICATION:				
EMPLOYER NAME	EMPLOYER TELEPHONE NUMBER	TITLE	TIME WITH PRESENT EMPLOYER	
<input type="checkbox"/> CHECK IF ADDITIONAL GUARANTOR/CO-APPLICANT INFORMATION ACCOMPANIES THIS APPLICATION.				

**SOURCES OF INCOME BORROWERS AND GUARANTORS**

**Important Notice to Individuals**

**ALIMONY-CHILD SUPPORT:** The inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered in evaluating this application.

GROSS ANNUAL INCOME	OWNER/GUARANTOR	GUARANTOR OR CO-APPLICANT	GUARANTOR OR CO-APPLICANT	GUARANTOR OR CO-APPLICANT
BASE SALARY				
OVERTIME				
BONUS AND/OR COMMISSIONS				
DIVIDENDS/INTEREST				
NET RENTAL INCOME				
ITEMIZED OTHER:				
1.				
2.				
3.				
4.				
5.				
<b>TOTAL ANNUAL INCOME</b>				

**FINANCIAL INFORMATION (All Borrowers)**

- \* 1. Any unsettled lawsuits, or judgements for the business or any guarantor?
  - \* 2. Has the business, or any owner/guarantor ever filed bankruptcy?
  - \* 3. Are there any taxes past due for the business or any owner/guarantor?
  - \* 4. Is the business or any owner/guarantor a co-signer or guarantor on any obligation not listed on this form?
- \*Please explain any "yes" answers to these questions. Attach additional sheets if necessary.

Yes	No

**BUSINESS CREDITOR INFORMATION (Partnerships, LLC's and Corporations Only)**

LENDER	PURPOSE	CURRENT BALANCE	MONTHLY PAYMENT	HOW SECURED
<input type="checkbox"/> CHECK IF ADDITIONAL CREDITOR INFORMATION ACCOMPANIES THIS APPLICATION.		<b>TOTALS</b>		

**BUSINESS FINANCIAL INFORMATION (Partnerships, LLC's and Corporations Only)**

Please provide the following information:

- Federal Tax Returns with all supporting schedules for past three (3) years for corporation, LLC and partnership and one (1) year for individual owners or partners.
- Financial statement (balance sheet and income statement) for past three (3) years for corporation, LLC or partnership.
- All owners/guarantors of the business must complete a PSECU Personal Financial Statement.

**STATE LAW NOTICES**

that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and

**WISCONSIN RESIDENTS ONLY:** Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
<b>X</b>	(Seal)

**PURPOSE OF LOAN**

I/We promise that the funds received from any loan will be used solely for commercial purposes and will not be used for any personal purposes. I/We agree that PSECU may rely upon this promise in making any loan to me/us.

**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 the 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 the 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, the 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state-chartered credit unions insured by NCUA.

The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower, co-applicant(s), and guarantor(s), as appropriate grants to the credit union the authority to use reasonable means to verify application information by requesting credit bureau reports, accessing information about borrower, co-applicant(s), and guarantor(s), as appropriate from other third-party information providers, and other means if applicable. Borrower further grants to 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 the 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: 

Signature	Date
<b>X</b>	(Seal)

BORROWER     CO-APPLICANT     GUARANTOR

TITLE:

BY: 

Signature for Wisconsin Residents Only	Date
<b>X</b>	(Seal)

BORROWER     CO-APPLICANT     GUARANTOR

TITLE:

BY: 

Signature	Date
<b>X</b>	(Seal)

BORROWER     CO-APPLICANT     GUARANTOR

TITLE:

BY: 

Signature	Date
<b>X</b>	(Seal)

BORROWER     CO-APPLICANT     GUARANTOR

TITLE:

# CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

## WHAT IS THIS FORM?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity members. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

## WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

## WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity member (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CONTINUE TO THE FOLLOWING PAGE

MEMBER/ACCOUNT NUMBER:

**CERTIFICATION OF BENEFICIAL OWNER(S)**

Persons opening an account on behalf of a legal entity must provide the following information.

**a. Name and Title of Natural Person Opening Account:**

NAME	TITLE
------	-------

**b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:**

NAME	TYPE	ADDRESS
------	------	---------

**c. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.**

Beneficial Owner Not Applicable

**BENEFICIAL OWNER 1**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**BENEFICIAL OWNER 2**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**BENEFICIAL OWNER 3**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**BENEFICIAL OWNER 4**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:**

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions (if appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME	ADDRESS (Residential or Business Street Address)	
TITLE	DATE OF BIRTH	
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

\* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as an alien identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**CERTIFICATION SIGNATURE**

I, (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree, on behalf of the Legal Entity identified above, that the Credit Union will be notified of any change in such information.

Signature	Date
X	(Seal)