	Applicant Name			Telephone Number					
INFO	Email Address	Contact Name							
ENERALI	Physical Address			City	State	Zip			
GENE	Mailing Address			City	State	Zip			
	Tax ID Number	Туре	of Business		Years in Busin	ness			
	Business Structure Sole Pro	prietor Partnersh	ip S-Corporatio	n C-Corporation	LLC LLP				
REQUEST	Application Type New Refinance Renewal/Extension Other Type of Loan Real Estate Line of Credit Vehicle Equipment/Inventory Business Startup Business Purchase/Expansion Other Other Other Other Other Other								
EDIT	Amount Requested Proposed Repayment Ter			rms	Purpose/Use	Purpose/Use of Funds			
CR	Collateral Description			Estimated Value					
COMPANY OWNERS		Name		Title		Percentage of	Ownership		
OUTSTANDING LOANS CO	Provide information on all insta	Type of Loan		gages payable in the r	same of the busi		Maturity Date		
OUTST		Total							
INFO	Is the business or any principal/o Has the business or any principal	owner ever declared	bankruptcy?	or dispute? Yes Yes	No No				
	Are there any delinguent State o	r Federal taxes owed h	ov the husiness?	Yes	No				

If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):

Black Hills Federal Credit Union Business Loan Department PO Box 1420 Rapid City, SD 57709-1420

Within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections to you.

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a 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 concerning this creditor is:

National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance & Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

Applicant's Name	
Authorized Signature	Title
Printed Name	Date
Authorized Signature	Title
Printed Name	Date
If you are requesting the financial accommodation jointly	

Business Loan Application Checklist

Thank you for allowing Black Hills Federal Credit Union to assist you with your business financing needs. Our goal is to serve you in a fast, efficient, and friendly manner. The items listed below will help us accomplish this goal.

For rental property or real estate, please include the whole **Business Loan Application** checklist plus the following: **Current Business Balance Sheet New Purchase** Purchase agreement for subject property & Profit/Loss Statement Signed by all parties Refinance Previous 3 years of year end Business Balance Contract for Deed Sheets and Profit /Loss Statements If applicable Signed **Current Mortgage Information** Current Personal Financial Statement For each guarantor & signed Previous 3 years' business and personal Name of Current Mortgage Holder tax returns, with all schedules Including all schedules K-1s, and worksheets for each guarantor & signed **Account Number Business documents** (Articles of Incorporation, Partnership Agreements, etc.) Business Debt Payment Schedule Depreciation Schedule from your tax return Signed Purchase Order, Bill of Sale, or Invoice for

If a new appraisal is needed, a deposit will be required and additional forms completed.

Agency Agent Other.

Additional Forms are required for SBA and Construction loans.

Evidence of Insurance will be required

Email CreditAdministration@bhfcu.net

Subject Collateral

prior to closing

Fax 605.646.4119

1 F O

You may apply for a credit extension or financial accommodation individually or jointly with a co-applicant. This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

Please read and complete the following:

This is an application for:	Individual Credit Joint	Credit (Married applic	ants may apply for Ir	ndividual Cred
Last Name		First Name		
Social Security Number		 Date of Birth		
Address	City		State	Zip Code
Home Phone	Cell Phone		Work Phone	
Email		Present Employer		
Position		Number of Years Emp	ployed	
Employer Address	City		State	Zip Code
_ast Name		 First Name		
Social Security Number		Date of Birth		
Address	City		State	Zip Code
Home Phone	Cell Phone		Work Phone	
Email		Present Employer		
Position		Number of Years Emp	ployed	
Employer Address	City		 State	Zip Code

Date of Valuation

- Round all amounts to the nearest \$100
 Attach separate sheet if you need more space to complete detail schedule

Assets		Amount	Liabilities		Amount
Cash in this Credit Union			Notes Payable Credit Union Schedule Seven		
Cash in Other Financial Institutions Detail			Notes Payable Others Schedule Seven		
			Installment Contracts Payable Schedule Seve	en	
			Due Department Stores, Credit Cards & Other	ers	
Due from Friends, Relatives & Others Sched	lule One		Income Taxes Payable		
Mortgage and Contracts for Deed Owned S	chedule Two		Other Taxes Payable		
Securities Owned Schedule Three					
Cash Surrender Value of Life Insurance Sch	edule Four		Loans on Life Insurance Schedule Four		
Homestead Schedule Five					
Other Real Estate Owned Schedule Five			Mortgage on Homestead Schedule Six		
Automobiles			Mortgage or Liens on Other Real Estate Owr	ned Schedule Six	
Personal Property			Other Liabilities Detail		
Other Assets Detail				Total Liabilities	
				Net Worth	
		_	Total As.	sets - Total Liabilities	
	Total Assets		Total Liabilities + Net Worth		
Annual Income	Applicant	Co-Applicant	Contingent Liabilities	Applicant	Co-Applicant
Salary			As Endorser/Co-Maker		
Commissions		•	As Guarantor		-
Dividends		•	Lawsuits		-
Interest			Bankruptcy/Judgments		
Rentals			For Taxes		
Alimony, Child Support or Maintenance You need not show this unless you wish us to consider it			Other Detail		
		-			
		-			
		-			
Other		-			
		-	Check Here if None		
			,		

Schedule One Due from Friends, Relatives & Others

Name of Debtor	Owed to	Collateral	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
				Total	
Schedule Two Mortgage & Co	ntracts for Deed O	wned			
Name of Debtor	Type of Property	1 st or 2 nd Lien	Owed to	How Payable	Unpaid Balance
			_	\$ per	-
			_	\$ per	
				\$ per	
				Total	
Schedule Three Securities Ow					
Number of Shares or Bond Amount	Description	In Whose Name(s)	Cost	Present Market Value	Listed/Unlisted
			_	_	
				-	
		-	_	_	
		Total			
Schedule Four Life Insurance		iotai			
Insured	Insurance Company	Beneficiary	Face Value of Policy	Cash Value	Loans
Ilisuleu	msurance company	Deficially	race value of rolley	Casii value	Loans
			-	-	-
			Total		
Schedule Five Real Estate					
Address & Type of Property	Title in Names(s) of	Monthly Income	Cost /Year Acquired	Present Market Value	Amount of Insuran
<i>71</i>			\$		
			Year	_	
		-	\$	-	-
			Year	_	
			\$		
			Year	_	
			\$	_	
			Year		
			\$	_	
			Year		
Schedule Six Mortgage or Lie	ns on Real Estate				
To Whom Payab	le	How Payable	Interest Rate	Maturity Date	Unpaid Balance
		\$ per			
		\$ per			
		\$ per	-	_	-
-	l a luci i i i i	\$ per			
Schedule Seven Notes Payabl			•		
To Whom Payable	Interest Rate	Maturity Date	Collateral or Unsecured	•	Unpaid Balance
			_	<u>\$</u> per	
			_	\$ per	
					
			-	* per * per	

Authorization

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our condition at the time indicated. I/We will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharging of my/our obligations to you.

I/We understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

The undersigned certify that the information contained on this form has been carefully reviewed and that it is true and correct in all respects.

Signature	Date	
Co-Applicant Signature If you are requesting the financial accommodation jointly	Date	

Email or submit this signed form to: BusinessDepartment@bhfcu.net

Black Hills Federal Credit Union PO Box 1420 Rapid City, SD 57709-1420

Or fax it to: 605.646.4119 Attn: Business Lending Department