

# Whitefish Credit Union

Member Business Loan Office

We Belong To You

215 E. Idaho

Phone: 406-257-6042

Kalispell, MT 59901

Fax: 406-257-6083

## Commercial Loan Application

\* Notice: The credit Union's willingness to accept an application and verbally discuss financing options is not to be considered a loan commitment

**Applicant (Legal Name):** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Nature of Operation:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_ **WCU Account #:** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_ **Date Business Formed:** \_\_\_\_\_

**Type of Business:**      S Corp      C Corp      LLC      Partnership      Sole Proprietorship

Name (Officers/Partners/Owners)	Ownership %	Title	SS#/DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Amount of Loan Requested:</b> _____	<b>Terms:</b> _____
<b>Purpose of Loan:</b> _____	
*If for purchase of existing business: attach proposed bill of sale, terms of sale, schedule of inventory, machinery, equipment, furniture and fixtures and 3 years tax returns from existing business	
<b>Collateral Offered:</b> _____	<b>Estimated Value:</b> _____

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You may apply for credit individually or jointly with another applicant. This statement & supporting schedules may be completed jointly if the assets and liabilities can be meaningfully and fairly presented on a combined basis, otherwise separate statements and schedules must be provided. If you are applying for an individual loan, you do not need to complete any information concerning the co-borrower unless that person is allowed to use the account, will be contractually liable on the account or you are relying on that person's income as a basis for repayment. You have presented this information for the purpose of obtaining credit and attest **the following is a complete, true, and accurate statement of the financial condition of the undersigned as of :**

I / We are applying to credit on  an individual basis OR  a joint basis:

Date of financial information

Applicant/Borrower	Co-Applicant/Co-Borrower												
Name <input type="text"/> Soc Sec # <input type="text"/>	Name <input type="text"/> Soc Sec # <input type="text"/>												
Address <input type="text"/> Date of Birth <input type="text"/>	Address <input type="text"/> Date of Birth <input type="text"/>												
City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>												
Home Phone <input type="text"/> Work Phone <input type="text"/> Cell Phone <input type="text"/>	Home Phone <input type="text"/> Work Phone <input type="text"/> Cell Phone <input type="text"/>												
Years at this address <input type="text"/> Marital Status <input type="text"/> Fax Phone <input type="text"/>	Years at this address <input type="text"/> Marital Status <input type="text"/> Fax Phone <input type="text"/>												
1. Are you an Endorser, Guarantor, or Co-maker on debt or share of debt not listed below? 2. Are you currently a defendant in any suit or legal action? 3. Have you gone through Bankruptcy in the last 10 years or had a judgement against you? 4. Are any of your assets pledged or unavailable for paying debt? 5. Have you ever returned property with a deed in lieu of foreclosure or compromised your debt?	<table style="width:100%; border:none;"> <tr> <td style="text-align:center;"><b>Applicant/Borrower</b></td> <td style="text-align:center;"><b>Co-Applicant/Borrower</b></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<b>Applicant/Borrower</b>	<b>Co-Applicant/Borrower</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Explain yes answers: <input type="text"/>	Explain yes answers: <input type="text"/>												

Personal Financial Statement (round to nearest hundred if you choose)			
ASSETS		LIABILITIES	
Cash in Whitefish Credit Union	<input type="text"/>	Credit Cards / Store Cards	<input type="text"/>
Cash in other Financial Institutions	<input type="text"/> <b>Schedule 1</b>	Notes payable to Whitefish Credit Union	<input type="text"/>
Publicly traded Stocks, Bonds, etc.	<input type="text"/> <b>Schedule 2</b>	Notes payable to others	<input type="text"/> <b>Schedule 9</b>
Pension, Retirement, IRA accounts	<input type="text"/> <b>Schedule 3</b>	Income Taxes payable	<input type="text"/>
Cash Value of Life Insurance (not face value)	<input type="text"/>	Life Insurance Loans	<input type="text"/>
Personal Notes & Contracts Receivable	<input type="text"/> <b>Schedule 4</b>	Installment Contracts payable	<input type="text"/> <b>Schedule 10</b>
Real Estate	<input type="text"/> <b>Schedule 5</b>	Real Estate	<input type="text"/> <b>Schedule 5</b>
Ownership in Closely Held Companies	<input type="text"/> <b>Schedule 6</b>	Real Estate Tax (due by end of calendar year)	<input type="text"/>
Automobiles	<input type="text"/> <b>Schedule 7</b>	Other:	<input type="text"/>
Personal Property (Equipment, Rec. Veh., Furn. etc)	<input type="text"/> <b>Schedule 8</b>	Other:	<input type="text"/>
Other:	<input type="text"/>	Other:	<input type="text"/>
Other:	<input type="text"/>	<b>Total Liabilities</b>	<input type="text"/>
Other:	<input type="text"/>	<b>Total Net Worth (Total Assets minus Total Liabilities)</b>	<input type="text"/>
<b>Total Assets</b>	<input type="text"/>	<b>Total Liabilities and Net Worth</b>	<input type="text"/>

**Other Income:** Please list any income source you would like considered in our analysis that cannot be confirmed through your tax returns. **Attach proof of income.**

Description	Annual Amount

E_ndorser C_o-maker G_uarantor L_egal C_laim Other	<b>Contingent Liabilities</b> List percentage of liability you may have to pay if others do not perform as expected & then describe liability.		
	%	Description	Contingent Balance

**Schedule 1 Cash in other Financial Institutions**

Type of Acct	Financial Institution	Ownership By	Balance
Total Cash in other Financial Institutions			

**Schedule 2 Publicly Traded Stocks, Bonds etc:**

Ownership By	Describe Security, Brokerage House etc	Market Value
Total Publicly Traded Stocks, Bonds etc.		

**Schedule 3 Pension, Retirement, IRA:**

Ownership By	Describe Security, Brokerage House etc	Market Value
Total Pension, Retirement, IRA		

**Schedule 4 Personal Notes and Contracts Receivable (owed to you)**

Name of borrower	Loan 1	Loan 2
Total Personal Notes & Contracts Receivable		

**Schedule 5 Real Estate:**

	Property 1	Property 2	Property 3	Property 4	Property 5	
Type of property						
Ownership By						
Description, location, acreage						
Year purchase						
Original Cost						Grand Total Market Value
<b>Present Market Value</b>						
Annual Gross Rental Income						
Financial institution						
Years left on loan						
Interest rate						
Payment interval						
Payment amount						Grand Total Loan Balance
<b>Loan Balance</b>						

Schedule 6 Ownership in Closely Held Companies			
Company Name	State	Percent you own	Stated Value net of liabilities
Total Closely Held Companies			

Schedule 7 Automobiles				
Year	Manufacturer / Model	Pmt Amt	Loan Balance	Market Value
Total Automobiles				

Schedule 8 Personal Property	
Description	Value
Total Personal Property	

Schedule 9 Notes Payable to Others			
Name or Financial Institution	Purpose	Payment	Loan Balance
Total Notes Payable to Others			

Schedule 10 Installment Contracts Payable (owed to others)			
Financial Institution	Purpose	Payment	Loan Balance
Total Installment Contracts Payable			


So long as I/we owe any sums to the Whitefish Credit Union (WCU), I/we agree to give the WCU prompt written notice of any material change in my/our financial condition. The WCU is authorized to retain this personal financial statement whether or not credit is approved, and is further authorized to verify your credit and employment history or any other information in this statement. I/we are aware that any knowing or willing false statements regarding property values listed therein for purposes of influencing the actions of the WCU can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. The WCU is not obligated to make any loan even if you meet the normal standards the WCU considers in determining whether to approve or deny an application.

X \_\_\_\_\_  
 Borrower's signature Date

X \_\_\_\_\_  
 Co-Borrower's signature Date

# Whitefish Credit Union

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### Debt Service Schedule

Provide information on all short-term and long-term debt. **Current balance should equal the totals shown on the tax return or financial statement being submitted.** Include all capital leases shown on the balance sheet (if any). *Do not include accounts payable.*

Business Name: \_\_\_\_\_

As of \_\_\_\_\_, 20\_\_

Name of Creditor/Describe Collateral	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Current or Delinquent
Short-Term Debt (flooring, lines of credit etc) :							
Total S-T Current Balance				Total Payment			

Name of Creditor/Describe Collateral	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Current or Delinquent
Long-Term Debt:							
Total L-T Current Balance				Total Payment			

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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### Authorization for Accountant / Tax Preparer to Release Information

The undersigned authorizes you to respond fully to any inquiries from the Whitefish Credit Union with any information they may request regarding my business or personal tax returns, financial statements and other source documents used in their preparation.

This authorization period begins for tax returns and financial statements ending any time during the year 20\_\_ and ends for tax returns and financial statements ending any time during the year 20\_\_. If you wish to withdraw this authorization prior to the stated expiration date, the request should be made to your accountant / tax preparer in writing. If you fail to set the time period above, this authorization is valid for one year and you should indicate the dates of the returns and financial statements you are releasing.

The undersigned authorizes this release of information to the Whitefish Credit Union for the purpose of establishing new credit, renewing existing credit and for interim evaluation of existing credit extended by the Whitefish Credit Union.

This release is for the following entities:

- Personal tax return, Sch. E K1s and personal financial statement
- Business tax return and business financial statement for the following:
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.

Please attach a continuation sheet for additional entities in which you have a 20% or greater ownership share.

You are not required to complete this form. If you sign this form, federal law may not protect further disclosure. You may set the time frame for the duration of this consent.

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

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

# Whitefish Credit Union

## ENVIRONMENTAL QUESTIONNAIRE FOR BORROWER/SELLER

**Borrower's Name:** \_\_\_\_\_ **Seller's Name:** \_\_\_\_\_

**Collateral Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_

*The purpose of this questionnaire is to provide information on which Whitefish Credit Union will rely in deciding whether to extend credit. **All questions must be answered.** If unable to answer, please respond "unknown" or "not applicable." Where space is inadequate to answer, please attach additional pages as needed.*

**1. PROPOSED USE OF COLLATERAL ADDRESS**

	Agricultural	Commercial	Retail	Residential	Mixed Use	Industrial
	Other (describe) _____					
Are there any plans to renovate or demolish existing structures?	Unknown			Yes	No	
If yes, describe:	_____					

**2. CURRENT/FORMER USES OF THE SITE**

- A. How long has applicant been associated with property? \_\_\_\_\_ Years \_\_\_\_\_ Months
- B. Description of current use(s) of the property. Include name(s) of current occupant(s), nature of business(es), and dates of occupancy.

Occupant	Nature of Business	Dates of Occupancy

- C. Description of current use(s) of the property. Include name(s) of former occupant(s), nature of business(es), and dates of occupancy.

Occupant	Nature of Business	Dates of Occupancy

- D. Date of construction of structure(s) on-site: \_\_\_\_\_
- E. Land use prior to construction and source of information:  
 Use of land: \_\_\_\_\_ Source: \_\_\_\_\_ Unknown
- F. Has any fill dirt been brought in to the site?..... Unknown Yes No  
 If yes, identify the source of the fill: \_\_\_\_\_
- G. Are there any areas of disturbed soil or stressed vegetation?..... Yes No  
 If yes, describe: \_\_\_\_\_
- H. To your knowledge, has the collateral been used in the past by any business that utilized chlorinated solvents such as a dry cleaner, circuit board manufacturer, or metal plater? ..... Yes No  
 If yes, describe: \_\_\_\_\_

**3. LIST THE NAMES AND USES OF ADJACENT PROPERTIES**

	Occupant	Nature of Business
North		
South		
East		
West		

- Are you aware of any significant environmental issues in this neighborhood? ..... Yes No  
 If yes, describe: \_\_\_\_\_



**4. ASBESTOS**

Has a sampling, air survey, or visual survey ever been conducted for Asbestos-Containing Materials? ..... Unknown Yes No  
 If yes, describe: \_\_\_\_\_  
 (or attach report) \_\_\_\_\_

**5. LEAD-BASED PAINT**

Has a lead-based paint survey been conducted?..... Unknown Yes No  
 If yes, describe: \_\_\_\_\_  
 (or attach report) \_\_\_\_\_

**6. FUEL/CHEMICAL STORAGE TANKS, PIPELINES**

A. To your knowledge, are there, or have there ever been, any under/aboveground storage tanks and associated piping at the subject site?..... Yes No  
 If yes, please provide the following information for each tank:  
 1. Aboveground storage tanks (AST) ..... Yes No  
 Number of ASTs: \_\_\_\_\_ Product Stored: \_\_\_\_\_  
 2. Underground storage tanks (UST) ..... Yes No  
 Number of USTs: \_\_\_\_\_ Product Stored: \_\_\_\_\_  
 Date Installed: \_\_\_\_\_ Date Removed: \_\_\_\_\_  
 Size: \_\_\_\_\_ Permits (attached): \_\_\_\_\_  
 B. If yes to 6A above, are any of the tanks or associated piping known to have leaked? ..... Yes No  
 If yes, provide the following information and attach any applicable reports.  
 Date of Leak: \_\_\_\_\_ Product Leaked: \_\_\_\_\_  
 Amount Leaked: \_\_\_\_\_  
 Environment addicted by leak(s): Soil Groundwater Other (describe): \_\_\_\_\_  
 Name(s) or agency(ies) notified: \_\_\_\_\_  
 C. Has any sampling, groundwater monitoring, or remediation related to leaking tanks occurred on-site? ..... Unknown Yes No  
 If yes, describe: \_\_\_\_\_  
 (and attach all reports) \_\_\_\_\_

**7. ENVIRONMENTAL PERMITS/RECORDS**

A. Attach all environmental permits or records associated with the collateral address..... Copy Attached N/A  
 B. Attach any copies of inspections or violations pertaining to the collateral address..... Copy Attached N/A  
 C. Attach any hazardous waste/materials, storage or disposal permits, licenses, inspection records, and violation pertaining to operations of the collateral address..... Copy Attached N/A

**8. WATER AND WASTEWATER**

A. Source of water supply: Municipal, County On-Site Well Other (describe): \_\_\_\_\_  
 B. List all sources of wastewater discharges to public water systems: \_\_\_\_\_  
 C. Have there been or are there currently any septic tanks, clarifiers, sumps, holding ponds, pits, or lagoons on-site? ..... Unknown Yes No  
 Attach any copies of water discharge permits..... Copy Attached N/A

**9. DRUMS, HAZARDOUS WASTE/MATERIALS GENERATION, STORAGE, DISPOSAL**

A. Describe the types of liquid and solid hazardous waste/materials typically on hand at the collateral address..... N/A

Type of Hazardous Material	Type of Hazardous Waste	Quantity	How Stored	How Hazardous Waste is Disposed

B. Have there ever been spills or leaks with drums or storage containers? If yes, provide the following.. Unknown Yes No  
 Substance leaked or spilled: \_\_\_\_\_  
 Date of leak/spill? \_\_\_\_\_  
 Environment affected: Soil Groundwater Other (describe): \_\_\_\_\_  
 Agency(ies) notified: \_\_\_\_\_  
 C. Have any hazardous substances been dumped, buried, or burned at the subject site? ..... Unknown Yes No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**10. AGRICULTURE CHEMICALS**

- A. Have agricultural chemicals ever been mixed, rinsed, stored, or disposed of on the property? ..... Unknown Yes No  
If yes, describe: \_\_\_\_\_
- B. Have any soil or groundwater analyses been performed to detect the presence of agricultural chemicals at the subject site?..... Unknown Yes No

**11. RADON**

- A. Has a radon-level survey ever been conducted at the collateral address? If yes, attach survey ..... Unknown Yes No

**12. AGENCY INTERACTION, ENVIRONMENTAL STUDIES**

- A. Has any regulatory agency investigated or cited the subject site for violations or possible violations of environmental laws and regulations or commenced enforcement actions with respect to the collateral address? If yes, attach any applicable documents..... Unknown Yes No
- B. Are you or have you been under an enforcement order or notice of violation from a regulatory agency for environmental issues at the collateral address? ..... Yes No  
If yes, describe: \_\_\_\_\_
- C. Have any environmental investigations, assessments, or audits been conducted at the collateral address? ..... Unknown Yes No  
If yes, describe: \_\_\_\_\_

**13. OTHERS**

- A. To your knowledge, is the subject collateral impaired in any way by hazardous materials not previously identified? Yes No  
If yes, describe: \_\_\_\_\_
- B. Do you have knowledge of environmental liens or governmental notification relating to past or current violations of environmental laws with respect to the collateral address or any facility located at the collateral address? ..... Yes No  
If yes, attach reports: \_\_\_\_\_
- C. Are you now, or have you been, the subject of a lawsuit from another party concerning environmental issues at the collateral address? ..... Yes No  
If yes, describe: \_\_\_\_\_
- D. Do your financial statements, such as 10K or 10Q, reference any environmental liabilities for the collateral address? ..... Yes No  
If yes, attach reports: \_\_\_\_\_
- E. To the best of your knowledge, is / was the purchase / selling price of the subject collateral significantly less than the purchase / selling price of comparable properties due to environmental issues associated with the collateral address?..... Yes No  
If yes, attach reports: \_\_\_\_\_

I, \_\_\_\_\_, CERTIFY THAT THE FOREGOING IS TRUE, COMPLETE, AND CORRECT.

For a Sales Transaction:

SELLER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_

OR

For a refinance transaction:

BORROWER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_