



TFCU offers a variety of business loans for all your business needs!

When you are ready to apply for a TFCU Business Loan* please bring the following information to your appointment along with your completed business loan application:

Business:

- Business tax returns (3 years)
- Fiscal year-end Financial Statements (3 years)
- Interim Financial Statement (current year)

Guarantor:

- Personal tax returns (3 years), including W2 copies and all schedules
- Personal Financial Statement

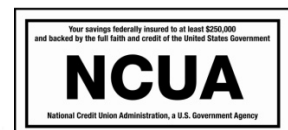
*fees may apply

For assistance in completing the business loan package or to make an appointment please contact us at:

Yaisa Hallback
Business Lending Manager
12020 Rojas
El Paso, TX 79936
915-926-2518
yhallback@tfcu.coop

Eric Aguilera
Business Loan Specialist
12020 Rojas
El Paso, TX 79936
915-926-3162
eaguilera@tfcu.coop

Business hours: Monday, Tuesday, Thursday & Friday 9:00am to 5:30pm
Wednesday 10:00am to 5:30pm





Application # _____

12020 Rojas Drive
 El Paso, TX 79936
 915-926-2518
www.tfcu.coop

MEMBER BUSINESS LOAN APPLICATION

Business /Borrower Information – Section 1						
Name of Business/Borrower				Joints Name		
Street Address				Street Address		
City		EL PASO		City		
Sate		TX Zip Code		State		Zip Code
Mailing Address				Mailing Address		
City				City		
State		Zip Code		State		Zip Code
Applicant’s Telephone Number				Telephone Number		
Contact Person				Contact Person		
Loan Request – Section 2						
Loan Amount _____			Interest Rate: <input type="checkbox"/> Fixed		<input type="checkbox"/> Variable	
Loan Term in years _____						
List Purpose of Funds – Section 3						
1.						\$
2.						\$
3.						\$
Business Indebtedness – Section 4						
To Whom Payable	Original Amount	Original Date	Present Balance	Maturity Date	How Payable	If secured, describe collateral
	\$		\$		\$ /per	
	\$		\$		\$ /per	
	\$		\$		\$ /per	
Type of Collateral – Section 5						
<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"/> Other, Please Specify:	<input type="checkbox"/> Possessory <input type="checkbox"/> Share Savings/CD’s <input type="checkbox"/> Stocks and/or Bonds <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other Pledge Collateral	<input type="checkbox"/> UCC Collateral <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Inventory <input type="checkbox"/> Furniture & Fixtures <input type="checkbox"/> 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"/> Other Real Estate:			
Any other Collateral or Description:						
Payment Type – Section 6						
<input type="checkbox"/> Installment Payments (Principal & Interest) <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"/> Other, Please specify:			



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MEMBER BUSINESS LOAN APPLICATION

INFORMATION REGARDING THE BORROWER – Section 7	
DESCRIPTION OF BUSINESS:	
Borrower is:	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Other, Please Specify:	<input type="checkbox"/> Professional Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Professional Limited Liability Company
<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Profit C – Corporation <input type="checkbox"/> Profit S - Corporation <input type="checkbox"/> Non-Profit Corporation
Official Legal Name:	Federal Tax Number TIN/SSN
DBA Name (if any):	
STATE OF ORGANIZATION: Texas	QUALIFIED TO DO BUSINESS IN THE FOLLOWING STATES: Texas
IF TYPE OF ORGANIZATION IS AN INDIVIAUL, A SOLE PROPRIETORSHIP, OR A TRUST, NAME(S) OR OWNER(S) PRIMARY RESIDENCE(S):	
Please attach copies of: <ul style="list-style-type: none"> <input type="checkbox"/> For corporations, Articles of Incorporation (certificate of formation), For a Limited Liability Corporation, the equivalent certificate, or 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 YOU 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): - Section 8			
Guarantor(s)	Address	Relationship	% Of Ownership
1.			
2.			
3.			
4.			



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MEMBER BUSINESS LOAN APPLICATION

BORROWERS SIGNATURES AND IMPORTANT DISCLOSURES- Section 9

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 (we) hereby affirm I (w) have not filed Bankruptcy, do not have any past due bills, have never had any property repossessed, do not have any pending suits, unsatisfied judgments or alimony awards against me (us). I understand that Credit Union will retain this member business loan application whether or not credit is guaranteed.

X
 Borrowers Signature _____ Print Name _____ Title _____ Date _____

X
 Joints Signature _____ Print Name _____ Title _____ Date _____

X
 Guarantors Signature _____ Print Name _____ Date _____

X
 Guarantors Signature _____ Print Name _____ Date _____

X
 Guarantors Signature _____ Print Name _____ Date _____

X
 Guarantors Signature _____ Print Name _____ Date _____

For Credit Union Use Only

Principal	Loan Date	Maturity	Loan No.	Member No.	Credit Union	Amount	CU Officer	Initials



BUSINESS DEBT SCHEDULE

Include the following information on all installment debts, notes, contracts, and mortgages. **Current balance must match the current balance sheet.** Include all capital leases shown on the balance sheet (if any). *Do not include accounts receivable and accounts payable.*

Business Name _____ As of _____, 200__

Name of Creditor	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Current or Delinquent
		Total Current Balance			Total Monthly Payment			

Signature: _____ Title: _____ Date: _____



Individual Financial Statement

Member Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CHECK AS APPLICABLE:

Applicant is applying for this loan:

- Individually, without a co-signer or guaranty of a person or other legal entity
Jointly, with the co-signature or guaranty of one or more persons or legal entities (including existing guarantors)

NAMES OF OTHER PERSON(S) OR LEGAL ENTITY(IES):

Three horizontal lines for listing names of other persons or legal entities.

If applicant resides in a community property state, please complete the following concerning marital status:

- Applicant is: Married, Separated, Unmarried (includes single, divorced and widowed)
Co-Applicant, if any, is: Married, Separated, Unmarried (includes single, divorced and widowed)

Main form section titled 'APPLICANT INFORMATION' containing fields for Social Security Number, Driver's License Number, Visa or MasterCard Number, Home Phone Number, Occupation, Name of Employer, No. of Years, Salary, Business Phone, Alimony/child support/separate maintenance payment income, Name and address of payer, Alimony/child support/separate maintenance received under, Income (salary, social security, dividend, interest, etc.), Source, Have you borrowed from any other branch of this credit union?, Branch Name, Date, Number of Dependents, Ages, Have you established a trust?, If yes, is it revocable?, Name(s) of Trustee(s), Have you made a will?, Name of Personal Representative, Have you guaranteed or endorsed the notes and/or loans of any other person?, Do you have any other contingent liabilities?, Have any actions or suits been filed against you or are there any recorded judgments or decree entered against you or have you been adjudged bankrupt in the last 7 years or made any assignments for the benefit of creditors?, If yes, please explain: Name of a Reference, Address/Phone Number.

CO-APPLICANT INFORMATION	Co-Applicant's Full Name:		Date of		Address:		
	Social Security Number:		Driver's License Number:	Visa or MasterCard Number:		Home Phone Number: () - - - - -	
	Occupation:	Name of Employer:		No. of Years:	Salary: \$ Per	Business Phone: () - - - - -	
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					Maintenance payment	
	Name and address of payer of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:						
	Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral agreement <input type="checkbox"/> Other:						
	Income (salary, social security, dividend, interest, etc.):						
	Source: \$ per month						
	Have you borrowed from any other branch of this credit union? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Branch Name: Date:						
	Number of Dependents:					Ages:	
	Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is it <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable		Name(s) of Trustee(s):		
	Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Personal Representative:				
	Have you guaranteed or endorsed the notes and/or loans of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any other contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have any actions or suits been filed against you or are there any recorded judgments or decree entered against you or have you been adjudged bankrupt or made any assignments for the benefit of creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain:							
Name of a Reference			Address/Phone Number				

PLEASE INDICATE OR PROVIDE AN EXPLANATION AS TO ANY ASSETS OWNED JOINTLY OR BY A TRUST OR LIABILITIES OWED TO OTHERS. ATTACH SCHEDULES AND EXPLANATORY NOTES IF NECESSARY.

STATEMENT OF FINANCIAL CONDITION OF _____ AS OF _____

RE-CAP OF INCOME AND EXPENSES					(Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)	
ANNUAL INCOME FOR YEAR 20__		ANNUAL EXPENSES FOR YEAR 20__		CONTINGENT LIABILITIES		
Salary or Wages	\$ -	Property Taxes & Assessments	\$ -	As Endorser on Notes/Contracts	\$ -	
Dividends and/or Interest	\$ -	Federal & State Income Taxes	\$ -	As Guarantor on Notes/Contracts	\$ -	
Rentals (Gross Income)	\$ -	Real Estate Loan Payments	\$ -	For Taxes	\$ -	
Business (Net Income)	\$ -	Contract/Note Payments	\$ -	Other Contingent Liabilities:	\$ -	
Other Income (Describe)*	\$ -	Living Expenses (Estimated)	\$ -			
		Other Expenses	\$ -			
TOTAL INCOME	\$ -	TOTAL EXPENSES	\$ -	TOTAL CONTINGENT LIABILITIES	\$ -	

SCHEDULE A				CASH LOCATION AND STATUS OF CREDIT UNION AND OTHER ACCOUNTS					
Checking	Savings	CD's	Credit Union and Branch Where Carried	Balance	Interest Rate	CD Maturity Date	Is account pledged for a loan?	Balance of Loan	Maturity Date of Loan
				\$ -				\$ -	
				\$ -				\$ -	
				\$ -				\$ -	
				\$ -				\$ -	
TOTAL				\$ -				\$ -	

SCHEDULE B		STOCKS AND BONDS (Includes Interests In Any Closely Held Business)						
Description	No. Shares	Registration Number	Source of Valuation	Date	Price Per	Total Value	Purchased on Margin or Pledged	
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
					\$ -	\$ -		
TOTAL						\$ -	\$ -	

SCHEDULE C		LIFE INSURANCE (Including loans)				
Insured	Primary Beneficiary	Face Amount	Cash Value	Loans on Policy	Name of Insurance Company	Location of Office
		\$ -	\$ -	\$ -		
		\$ -	\$ -	\$ -		
TOTALS		\$ -	\$ -	\$ -		

SCHEDULE D		ACCOUNTS AND NOTES RECEIVABLE					
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable?		Balance Due
					Amt	Per	
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
TOTAL					\$ -	TOTAL	\$ -

SCHEDULE E		REAL ESTATE (Residence, Unimproved Land, Income Properties, Private Contract, etc.)									
Parcel No.	Description	Location Address	Owner(s)	Date Acquired	Acquisition Cost	Mortgagee or Lien Holder	Annual Taxes	Monthly Income	Monthly Payment	Present Value	Balance Due
2					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
3					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
4					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
5					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
6					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
7					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
8					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
9					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
10					\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS							\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE F		OTHER ASSETS AND PERSONAL PROPERTY							
Automobiles		Value	Rec. Vehicles & Boats		Value	Personal Property	Value	Subtotal For	Subtotal
Year	Make		Year	Make					
		\$ -			\$ -	Furniture	\$ -	Subtotal - Automobiles	\$ -
		\$ -			\$ -	Jewelry	\$ -	Subtotal - RV's and Boats	\$ -
		\$ -			\$ -	Equipment	\$ -		
		\$ -			\$ -	Other:	\$ -	Subtotal - Personal Property	\$ -
		\$ -			\$ -	Other:	\$ -		
Subtotal Automobiles		\$ -	Subtotal RV's/Boats		\$ -	Subtotal Pers. Prop.	\$ -	Total for Other Assets	\$ -

SCHEDULE G		NOTES AND LOANS PAYABLE TO CREDIT UNIONS AND OTHERS (Non-Real Estate)					
Payable To	Address	Collateral	Person(s) Liabile	Maturity Date	How Payable?		Balance Due
					Amount	Per	
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
TOTAL					\$ -	TOTAL	\$ -

SCHEDULE H		ACCOUNTS AND BILLS PAYABLE (Including Credit Cards)				
Payable To	Account Number	Person(s) Liabile	How Payable?		Balance Due	
			Amount	Per		
			\$ -		\$ -	
			\$ -		\$ -	
			\$ -		\$ -	
			\$ -		\$ -	
TOTAL			\$ -	TOTAL	\$ -	

SCHEDULE I		OTHER LIABILITIES			
Payable To	Collateral	Person(s) Liable	How Payable?		Balance Due
			Amount	Per	
			\$	-	
			\$	-	\$ -
			\$	-	\$ -
		TOTAL	\$	-	TOTAL \$ -

SCHEDULE J		TAXES DUE (Potential tax liability of asset sales)	
			\$ -
		TOTAL	\$ -

ASSETS AMOUNT			LIABILITIES AMOUNT		
CASH	SCHEDULE A Credit Unions or Banks	\$ -	CASH	SCHEDULE A Pledged Cash	\$ -
STOCKS & BONDS	SCHEDULE B Total Stocks and Bonds	\$ -	NOTES & LOANS (No Real Estate)	SCHEDULE G Notes & Loans Payable	\$ -
LIFE INSURANCE	SCHEDULE C Cash Value	\$ -	INSURANCE LOANS	SCHEDULE C Total Outstanding Loans	\$ -
RECEIVABLE	SCHEDULE D Accounts & Notes Receivable	\$ -	ACCOUNTS & BILLS PAYABLE	SCHEDULE H Total Accounts & Bills	\$ -
REAL ESTATE	SCHEDULE E Total Real Estate Assets	\$ -	REAL ESTATE NOTES & CONTRACTS PAYABLE	SCHEDULE E Total Real Estate Liabilities	\$ -
OTHER ASSETS	SCHEDULE F Other Assets & Personal Property	\$ -	OTHER LIABILITIES	SCHEDULE I Other Liabilities	\$ -
			TAXES DUE	SCHEDULE J Tax Liability of Asset Sales	\$ -
TOTAL ASSETS:		\$ -	TOTAL LIABILITIES		\$ -
			NET WORTH (DIFFERENCE BETWEEN TOTAL ASSETS & TOTAL LIABILITIES)		\$ -

SIGNATURES AND AFFIRMATION SECTION:

I (we) hereby affirm that the foregoing information contained in this financial statement 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 statement of my financial condition in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of my credit or employment status 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 financial statement whether or not credit is granted.

SIGNATURES

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Consent (If you are relying on income from a person who is not an applicant above, please have that person complete this section so we can verify their credit.)

I authorize Credit Union to make any investigation of my credit either directly or through any agency employed by Credit Union for that purpose in connection with credit application now and in the future.

Signature: _____

Date: _____

Social Security Number: _____