



## Credit Card Application Checklist

In order to complete your credit request, please submit the bulleted items below to BayPort Business Banking by dropping off at the nearest branch or by emailing [businessservices@bayportcu.org](mailto:businessservices@bayportcu.org) to request a secure link to upload your documents. *For your protection do not email documents containing your personal information unless it is with a secure link.*

***Please be sure to include the Business Name in the subject line of the email.***

- **Member Business Credit Application** – signed and dated
- **Personal Financial Statement** – for each personal with 20% ownership or greater, signed and dated
- **Member Business Credit Application Mastercard® Addendum** – signed and dated

Thank you for choosing BayPort Credit Union.

If you have questions you can email business services at [businessservices@bayportcu.org](mailto:businessservices@bayportcu.org)



# Member Business Credit Application

**Amount Requested:** \$ \_\_\_\_\_ **Term Requested:** \_\_\_\_\_ **Application for:**  
**Loan Purpose:** \_\_\_\_\_  Business Term Loan  
 Commercial Real Estate Loan  
 Business Line of Credit  
 Other: \_\_\_\_\_  
**Collateral Description:** **Market Value:**  
 1. \$ \_\_\_\_\_  
 2. \$ \_\_\_\_\_

## Member Business Information

Legal Name of Member (Borrower)			
DBA (If Applicable)			Tax I.D. Number
Principal Place of Business Address (not P.O. Box)			
City	State	County	Zip
Mailing Address (if different)			
City	State	Zip	
Primary Contact Name		Business Telephone	Business Fax
Date Business Established	# of years under current ownership	State of Registration	Annual Sales \$
Describe Products/Services			Current Number of Employees
Type of Ownership (Select One) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Professional Association			E-Mail Address
Does applicant have any open deposits or loan accounts with Credit Union?		Business Share Draft Account with Credit Union	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Owner(s) Information

Full Legal Name	Social Security Number	Percentage of Ownership	Title Currently Held
		%	
		%	
		%	

For more than three owners attach additional sheet(s).

## Account Disclosures

Name of Institution or Broker	Type of Account	Account Number	When Opened	Current Balance
Current Loans: Name of Lender	Rate	Collateral Description	Amount of Monthly Payment	Current Balance

For more than four loans use the Member Business Debt Schedule

**Additional Information**

- Has applicant ever obtained credit under another name?  Yes  No
- Is applicant liable for debts not shown, including any contingent liabilities such as leases, endorsements, guarantees, etc?  Yes  No
- Has applicant ever declared bankruptcy or had any judgments, garnishments, repossessions, or other legal proceedings filed against them?  Yes  No
- Is applicant currently a defendant in any suit or legal action?  Yes  No
- Are there any tax obligations, including payroll or real estates past due?  Yes  No
- Does any customer or supplier currently account for more than 20% of your business?  Yes  No

**Signatures**

The undersigned hereby instructs, consents and authorizes the **Credit Union**, and/or its agent(s), including, but not limited to **Lucro Commercial Solutions, LLC** (formerly MBS, LLC), and **CU BUS LN** to obtain a credit report and any other information relating to their credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Credit Union by a commercial entity of which the undersigned is a principal, member, guarantor or other party; (b) thereafter, periodically according to the Credit Union's credit review and audit procedures, and (c) relating to Credit Union's review or collection of a loan, account, or other Credit Union product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party.

The undersigned certify everything stated on the front and back of this Member Business Credit Application and any other documents or information submitted in connection with this application true, accurate and complete. The undersigned understands that the Credit Union will retain this Member Business Credit Application. The undersigned hereby authorizes Credit Union to verify at any time any information submitted to Credit Union by or on behalf of the undersigned, obtain further information concerning the credit standing of the undersigned, including without limitation, credit and the exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to the Credit Union. The undersigned authorizes the Credit Union to consider this Member Business Credit Application and any other documents or information submitted with this application as a continuing statement of the financial condition until replaced by new financial information or until the undersigned specifically notifies the Credit Union in writing of any change in such financial condition.

Signature (Applicant)	Title	Print Name	Date
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**Additional Requirements**

Please provide the following information at the time of application: (Failure to provide a complete application package will reduce our ability to serve you in a timely manner.)

- Most recent two years Business Income Tax Returns with all schedules attached.
- If more than six months has elapsed since your fiscal year-end, a current interim business financial statement.
- Current Personal Financial Statement(s) from all principals/owners with **20% or more** ownership of the business.
- Two years most recent Personal Tax Returns from all principals/owners with **20% or more** ownership of the business, with all schedules attached.

- For Equipment/Vehicle Loans:**
- Copy of invoice/title (as applicable).
  - Copy of insurance policy.

- For Line of Credit Requests:**
- Current Accounts Receivable and Accounts Payable Aging.

- For Real Estate Secured Loans :**
- Copy of the most recent property tax assessment.
  - Copy of existing appraisal, if available.
  - Copy of survey. IF NOT ATTACHED DATE COMPLETED\_\_\_\_\_.
  - For Purchase Transactions, a copy of the purchase contract and a warranty deed.
  - For rental real estate, copy of any leases and current rent roll.

**Other:**

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**PERSONAL FINANCIAL STATEMENT**

As of (date) \_\_\_\_\_

<i>Applicant:</i>	S/S#	<i>B/Date:</i>	
<i>Co-Applicant:</i>	S/S#	<i>B/Date:</i>	
<i>Residence Address</i>	<i>Home Phone:</i>		
<i>City, State, &amp; Zip Code</i>	<i>Work Ph:</i>	<i>E-Mail:</i>	

<b>Assets</b>	<i>(Omit Cents)</i>	<b>Liabilities and Net Worth</b>	<i>(Omit Cents)</i>
Cash on hand and in Institutions—See Sch A	\$	Notes Payable: This CU—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See Schedule A	
Listed Securities—See Schedule B		Notes Payable—Relatives	
Unlisted Securities—See Schedule B		Notes Payable—Others	
Other Equity Interests—See Schedule B		Accounts and Bills Due	
Accounts and Notes Receivable		Unpaid Taxes	
Real Estate Owned—See Schedule C		Real Estate Mortgages Payable—See Schedule C or D	
Mortgages and Land Contracts Receivable—See Schedule D		Land Contracts Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Life Insurance Loans—See Schedule E	
Other Assets: Itemize		Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

<b>Sources of Income</b>	<i>Applicant</i>	<i>Co-applicant</i>	<b>General Information</b>	
Salary	\$	\$	Employer	
Bonus and Commissions			Position or Profession	No. Years
Dividends			Employer's Address	
Real Estate Income				Phone No.
*Other Income: Itemize			Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
			If so, explain:	
<b>TOTAL</b>	\$	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.			Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes	
			If so, explain:	
			Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A	
			Income taxes settled through (Date)	

<b>Contingent Liabilities</b>	<i>(Omit Cents)</i>	<b>General Information (continued)</b>
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liab		Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
		Do you have a trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
<b>TOTAL</b>	\$	Number of dependents _____ Ages _____

**Schedule A: Credit Unions, Brokers, Savings & Loan Association, Finance Companies or Banks.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

<i>Name of Institution</i>	<i>Name on Account</i>	<i>Balance on Deposit</i>	<i>High Credit</i>	<i>Amount Owing</i>	<i>Monthly Payment</i>	<i>Secured by What Assets</i>
<b>TOTAL</b>			<b>TOTAL</b>			

**Schedule B U.S. Gov, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), & Partnership Interests (General & Ltd.)**

Description of securities	In Name of	*Market Value	Pledged	
			Yes	No
<b>TOTAL</b>				

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acquired.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule E: Life Insurance Carried**

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
<b>TOTAL</b>				

Each of the undersigned hereby instructs, consents and authorizes the **Credit Union**, and/or its agent(s), including, but not limited to Lucro Commercial Solutions, LLC (formerly MBS, LLC), and **CUBUS LN** to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Credit Union by a commercial entity of which the undersigned is a principal, member, guarantor or other party; (b) thereafter, periodically according to the Credit Union's credit review and audit procedures, and (c) relating to Credit Union's review or collection of a loan, account, or other Credit Union product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party.

Each of the undersigned certify everything stated on the front and back of this Personal Financial Statement and any other documents or information submitted in connection with this Personal Financial Statement is true, accurate and complete. Each of the undersigned understand that Credit Union will retain this Personal Financial Statement. Each of the undersigned hereby authorize Credit Union to verify at any time any information submitted to Credit Union by or on behalf of the undersigned, obtain further information concerning the credit standing of the undersigned, including without limitation, credit and employment history; and exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to Credit Union. Each of the undersigned authorize Credit Union to consider this Personal Financial Statement as a continuing statement of financial condition until replaced by a new Personal Financial Statement or until the undersigned specifically notifies Credit Union in writing of any change in such financial condition.

**In order to expedite this application and serve you better, it may be necessary for us and/or our agents to contact your accountant and/or insurance agent for additional personal or business information. Please indicate below your authorization by checking the boxes and providing the contact information.**

- Accountant/CPA      Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Insurance agency      Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature:	Date:
Signature:	Date:

(if joint assets co-applicant must sign)

# Member Business Credit Application Mastercard® Addendum

## APPLICANT'S STATEMENT

The Applicant, by the signature of its authorized representative below, hereby certifies that the foregoing has been carefully read by the Applicant and is given to you for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in this application and any other document or information submitted in connection with the application or any other credit request are or will be true and correct exhibits of the Applicant's financial condition and may be treated by you as a continuing statement thereof until replaced by a new application or until the Applicant specifically notifies you in writing of a change therein; and the credit requested herein and any other credit obtained from you by the Applicant on the basis of the information contained in this application shall be used solely for business or commercial purposes. The Applicant authorizes you to: verify any information submitted to you by or on behalf of the Applicant; obtain further information concerning the credit standing of the Applicant, its representatives and guarantors; and exchange credit information with others. The Applicant agrees to provide additional information upon request and agrees that unless otherwise directed by the Applicant in writing, all statements and notices regarding any credit granted by you to the Applicant shall be mailed to the Applicant at the address shown on page one of this application. Any person signing below as the duly authorized representative of the Applicant attests that the Applicant is a valid business entity and that each person signing below is authorized to request credit on behalf of the Applicant.

APPLICANT SIGNATURE:	DATE:
Print Name:	Title:

## TO BE COMPLETED FOR BUSINESS MASTERCARD REQUESTS

### GUARANTY

To induce \_\_\_\_\_ (known as "my Credit Union") to extend a Mastercard Business Card Account (individually and collectively, the "Account") to the company named on this applicant, I/we jointly and severally agree as follows: (1) I/we guarantee that the Account, and all interest of the Account, and all other costs or charges under the Account, and all extensions and renewals of all or any part of the Account, will be fully paid when due (whether or not they become due because of a default) and that all other promises in the agreement for the Account will be kept; (2) from time to time, without giving me/us any notice, asking my/our permission or having me/us sign any other documents, and without releasing me/us from any of my/our promises under the Guaranty, my Credit Union can (a) extend the time of payment of the Account by any means or extend the time for performance of any of the other promises under the agreement for the Account, (b) deal with any collateral for the Account as it sees fit, such as by selling it, exchanging it, or giving it up, (c) decide to take or not take any action authorized by the agreement for the Account, (d) delay enforcing its rights under the agreement for the Account or this Guaranty without losing them, (e) waive its rights in one instance without waiving them in other instances, (f) permit a change in the terms of the Account or this Guaranty by any means, (g) release or substitute any person responsible under the Account or this Guaranty, (h) assign any of its rights under this Guaranty or the Account, or (i) apply any payments it receives from me/us or anyone else to the Account or to any other debt that the person making the payments now or later owes it, in whatever order it wishes; (3) I/We are bound by all the provisions of the agreement for the Account just as if I/we have signed it; (4) all of my/our promises under this Guaranty are conditional and will not be affected by (a) any agreement or understanding that anyone else was or is to sign, or otherwise become responsible for the Account or this Guaranty, (b) the death or bankruptcy of me or any of us or my Credit Union's failure to attempt to collect under this Guaranty from the estate of anyone who dies or goes bankrupt, (c) my Credit Union's failure to take any legal steps required to perfect its security interest in any collateral for the Account, (d) the fact that the Account cannot for any reason be collected from anyone else, (e) the fact that there is not enough collateral or no collateral for this Account, (f) my Credit Union's failure or refusal to give me/us notice of any default or other occurrence under the agreement for the Account, or (g) anything else. All of my Credit Union's rights can be enforced against my/our heirs and legal representatives; (5) my Credit Union can enforce its rights under this Guaranty against me/us without first enforcing or attempting to enforce any of its rights against anyone else or against any of the collateral for the Account; (6) I/we waive presentment, demand, protest, notice of nonpayment, or protest thereof; (7) this Guaranty shall continue in effect until I give written notice to my Credit Union terminating my future liability under this Guaranty in which event this Guaranty shall continue in effect with respect to any and all loans or advances made or obligations incurred prior to the time my Credit Union receives such notice; (8) I/we authorize my Credit Union and/or its authorized representatives to verify any information submitted by or on my/our behalf, obtain further information about my/our credit, including without limitation, consumer reports and other credit reports, and exchange information about me/us with others.

### BORROWING RESOLUTION (Signature Required)

#### Corporation

I \_\_\_\_\_, hereby certify that I am the duly elected corporate secretary or assistant secretary of \_\_\_\_\_, a \_\_\_\_\_ corporation and that on \_\_\_\_\_ at a meeting of the Board of Directors of said corporation duly called and held, the following resolution was duly adopted:

RESOLVED that any of the officers of this corporation shall complete My Credit Union's Mastercard Application ("Application"); if the application is approved, this corporation shall be obligated to fulfill all the terms and conditions of My Credit Union's Mastercard Agreement and Disclosure Statement; any of the individuals signing the Application shall be authorized to obtain loans or advances under this Agreement; and any of the officers of this corporation is hereby authorized to do all things and execute all documents necessary or requested by My Credit Union to effect this resolution.

By: \_\_\_\_\_ (Secretary or Assistant Secretary) \_\_\_\_\_ (Title) Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ (Title) Date: \_\_\_\_\_

### PARTNERSHIP, SOLE PROPRIETORSHIP, LLC, OR LLP

The undersigned being either (1) all the partners, or (2) the sole proprietor, or (3) for an LLC or LLP, the designated Managers, or agents of _____ agree to all the terms of the Acknowledgement, Authorization, and Agreement of the Guaranty as they appear on this application.	(1)	(2)
	(3)	(4)
	(5)	(6)

### MASTERCARD BUSINESS CARD REQUEST INFORMATION

Amount \$ \_\_\_\_\_ Options Available:

**COMPANY NAME AS IT SHOULD APPEAR ON CARD** (limit 24 spaces) \_\_\_\_\_  Check here if cash advances are not desired

Billing:  Individual Cardholder  Central Billing to Company

### AUTHORIZED CARDHOLDERS

List below the names of all employee cardholders for whom separate accounts will be established. Please use a separate sheet if additional space is needed.

EMPLOYEE NAME	SSN	DOB	CREDIT LIMIT \$	EMPLOYEE NAME	SSN	DOB	CREDIT LIMIT \$
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### ACKNOWLEDGMENT, AUTHORIZATION AND AGREEMENT (Signature Required)

The company named above (whether an entity or an individual) and the individuals signing below (if different) hereby request that a Mastercard Business Card account be established in the company's name. I/We certify that the information in this application and any other information submitted in connection with this application or the account is true and correct. I/We hereby authorize My Credit Union and/or its representatives to verify such information, obtain additional information about me/us, and exchange information about me/us with others. I/We agree to provide additional information upon request. I/We understand that, if this application is approved, I/we will be notified of the amount, rate and terms of the account and credit will be extended. I/We agree to be bound by all of the terms and conditions of My Credit Union's Mastercard Agreement and Disclosure Statement, as applicable (the "Agreement"). My/Our use of the credit shall constitute full acceptance of the terms of the Agreement which I acknowledge receiving. If approved for My Credit Union's Mastercard account, the company requests that Mastercards be issued to the authorized cardholders designated above. I/We hereby certify that the credit will be used solely for business or commercial purposes, the company is a validly existing and duly qualified and licensed business entity, and each person signing below is authorized to execute the Agreement on behalf of the company. **By signing below, I/we each also individually agree to the terms of the Guaranty which appears on this application and acknowledge receipt of the Mastercard Credit Card Agreement and Disclosure Statement.**

**All owners of the company must sign below.**

Print Name	Title
Signature	Date
Print Name	Title
Signature	Date