



3700 W Bethel Ave  
Muncie IN 47304  
Phone: 765-289-2148  
Fax: 765-282-4676

## Micro Business Loan Application

Applicant Information		
Business Name/Name		
Business Description (Product/Service Provided)		
Street Address		
City		
State		Zip Code
Federal Tax Number TIN/SSN	Applicant's Telephone Number	
Annual Revenue	Years in Business	
PrimeTrust Member <input type="checkbox"/> No <input type="checkbox"/> Yes- Since	Have you completed Business Coaching <input type="checkbox"/> No <input type="checkbox"/> Yes	
Were you referred to this program? <input type="checkbox"/> No <input type="checkbox"/> Yes Referred by:		

### Applicant Proposed Credit Facility:

Proposed Loan Terms	
Loan Amount \$ _____	Interest Rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Loan Term in Months or Years _____	<input type="checkbox"/> No Preference
Business Purpose of Loan:	
Type of Collateral	
Collateral Description:	
Options-if Applicable:	
Mileage/Hours of Use-if Applicable:	
Owner(s) of Collateral:	
Collateral Value:	How Valued:
Payment Type	
<input type="checkbox"/> Installment Payments	<input type="checkbox"/> Installment Payments W/Balloon Payment
<input type="checkbox"/> Single Payment	<input type="checkbox"/> Seasonal Payments
Proposed Repayment Schedule:	

### Guarantor(s)- Responsible Parties/Principals/Owners-Required

Guarantor(s)		
1. Guarantor:	Address:	Title:
	City, State, Zip:	
Social Security Number:	Date of Birth:	Phone #
Employer:	Annual Income:	Start Date:
PrimeTrust Member <input type="checkbox"/> No <input type="checkbox"/> Yes- Since	Percent of Ownership:	Other Income:
2. Guarantor:	Address:	Title:
	City, State, Zip:	
Social Security Number:	Date of Birth:	Phone #
Employer:	Annual Income:	Start Date:
PrimeTrust Member <input type="checkbox"/> No <input type="checkbox"/> Yes- Since	Percent of Ownership:	Other Income:
3. Guarantor:	Address:	Title:
Social Security Number:	Date of Birth:	Phone #

Employer:	Annual Income:	Start Date:
PrimeTrust Member <input type="checkbox"/> No <input type="checkbox"/> Yes- Since	Percent of Ownership:	Other Income:
4. Guarantor:	Address:	Title:
Social Security Number:	Date of Birth:	Phone #
Employer:	Annual Income:	Start Date:
PrimeTrust Member <input type="checkbox"/> No <input type="checkbox"/> Yes- Since	Percent of Ownership:	Other Income:

**Applicant Signatures and Important Disclosures:**

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary and to obtain a consumer credit report from any credit reporting agency to verify the accuracy of the statements made herein, in connection with Credit Union's preliminary evaluation of undersigned, or during any periodic review of undersigned deemed necessary by Credit Union. You are authorized to answer questions about your credit experience with me/us.

Furthermore, by signing below, I/we give PrimeTrust Financial Federal Credit Union permission to share any and all information from this application and any loan that is a result of this application, including, but not limited to collection activity, with any outside collection agency, or any affiliate of the Micro Loan Program.

Printed Name: _____	Printed Name: _____
Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____
Printed Name: _____	Printed Name: _____
Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____