

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

Fax: 765-282-4676

Applicant Information									
Business Name/Name									
Business Description									
(Product/Service Provided)									
Street Address									
City									
State	Ţ			Zip Code					
Federal Tax Number TIN/S	SSN		Applicant's Telephone	Number					
Annual Revenue			Years in Business						
PrimeTrust Member  No Yes- Since									
•									
Applicant Proposed Credit Facility:									
Proposed Loan Terms			Interest Rate:						
Loan Amount	\$	Fixed Variable							
Loan Term in Months or Yo	ears			☐ No Preference					
Business Purpose of Loan:									
Type of Colleteral									
Type of Collateral Collateral Description:									
Condicial Bescription.									
Options-if Applicable:									
1 11									
Mileage/Hours of Use-if Applicable:									
Owner(s) of Collateral:									
Collateral Value:	Но	w Valued:							
Payment Type									
Installment Payments Installment Payments W/Balloon Payment									
☐ Single Payment ☐ Seasonal Payments									
Proposed Repayment Sched	dule:								
Guarantor(s)- Responsibl	a Dantias/Drinain	als/Owners Dequired							
Guarantor(s) - Responsible	e rarties/rrincip	Address		Relationship					
1.Guarantor:		Address:		Title:					
1. Guarantor.		City, State, Zip:		Title.					
Social Security Number:			Date of Birth:						
Employer:			Annual Income:						
PrimeTrust Member \( \subseteq \text{No} \subseteq \text{Yes- Since} \)			Percent of Ownership:						
PrimeTrust Member No Yes- Since Percent of Ownership: Other Income:									
				Title:					
2. Guarantor:			Address:						
~		City, State, Zip:		Phone #					
Social Security Number:			Date of Birth:						
Employer:			Annual Income:						
PrimeTrust Member  No Yes- Since		Percent of Owner	Percent of Ownership:						
3.Guarantor:		Address:		Title:					
J.Guaramor.		City, State, Zip:		Title.					
Social Security Number:			Date of Birth:						
Employer:			Annual Income:						
PrimeTrust Member  No Yes- Since			Percent of Ownership:						

4. Guarantor:	Address:			Title:				
	City, State, Zip:							
Social Security Number:	Date of Bir	th:		Phone:				
Employer: Ar		Annual Income:		Start Date:				
PrimeTrust Member  No Yes- Since	Percent of	Ow	nership:	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.								
Business Name:			Business Name:					
Signature:			Signature:  Printed Name:					
Printed Name:								
Date:		Date:						
Business Name:			Business Name:					
Signature:			Signature:					
Printed Name:			Printed Name:					
Date:			Date:					