



1371 Dakota Avenue S  
Huron, SD 57350  
Phone: (605) 352-2845 Fax: (605) 352-2852

Dear Member Business Loan Applicant:

Thank you for your interest in our Member Business Loan Program. In order to complete our initial evaluation of your loan request, we will need the following information:

- Completed Loan Application (form attached).
- Interim business financial statement, including balance sheets and income statements for the prior three (3) years.
- Business federal tax returns for the prior three (3) years to include all supporting schedules, statements and K-1's.
- If accounts receivable is a source of repayment, aging of Accounts Receivable and Accounts Payable that are concurrent with the most recent business financial statement provided.
- Completed Business Plan Outline (form attached).
- A completed Personal Financial Statement on each and every owner, partner, guarantor, corporate officer or 20% or greater owners of corporate stock (form attached). If you have multiple real estate holdings, please complete the Supplemental Schedule of Real Estate (form attached).
- Personal federal tax returns for the prior three (3) years to include all supporting schedules, statements and K-1's on all owners, partners and 20% or greater owners of corporate stock.
- Completed Authorization Form to release information to Dakotaland FCU (form attached).
- The following items may be necessary to complete your application: Articles of Incorporation, Corporation Resolution to Borrow, Partnership Agreement and/or evidence of DBA.

If you have any questions regarding your application, please feel free to contact Dakotaland FCU Business Lending at (605) 352-2845.

Sincerely,

Dakotaland FCU Business Loan Officer

# Authorization Form

Authorization to information and certification of information

I/We authorize Dakotaland Federal Credit Union and/or its assigns to contact and inquire of my/our references and my/our employer(s), past, present and future, and to obtain information from any credit reporting agency or other entity deemed necessary for any purpose related to my/our credit transaction either before or after any advance is made to me/us.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of Dakotaland FCU.

---

Date	Printed Name	Signature
------	--------------	-----------

---

Date	Printed Name	Signature
------	--------------	-----------

---

Date	Printed Name	Signature
------	--------------	-----------

IF LOAN APPLICATION IS APPROVED, THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED AS APPLICABLE:

1. Partnership Agreement
2. Articles of Incorporation and By-Laws
3. Lease and sublease on land and building
4. Fictitious Business Name Statement
5. Construction bid and Builders Control Agreement
6. Bids/Purchase order for inventory, furniture, fixtures and equipment
7. Fire/hazard/liability insurance on collateral securing loan
8. Life Insurance
9. Business License
10. Other information as required by Dakotaland FCU or third party guarantor as appropriate

Amount Requested	Purpose/ Nature of Request	App. Taken	Recieced Date

Use of Funds	
Repayment Term	
Source	

### Business Loan Application for Dakotaland FCU

Company Name		Telephone
Address		
Nature of Business		Date Established
Type of Entity ?Corporation ?Partnership ?Sole Proprietorship		
Number of Employees: Existing _____ After Loan _____		
Current Financial Institution Name/Branch/Account #(s)		Telephone
Accountant Name		Telephone
Attorney Name		Telephone
Trade Reference(s)		Telephone

### COMPANY OWNERSHIP

List all owners, pricipal officers below:

Name	Title	U.S. Citizen	% Ownership	Compensation
Name	Title	U.S. Citizen	% Ownership	Compensation
Name	Title	U.S. Citizen	% Ownership	Compensation
Name	Title	U.S. Citizen	% Ownership	Compensation

### AFFILIATES

List below all business concerns in wich the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements.

Name	Title	U.S. Citizen	% Ownership	Compensation
Name	Title	U.S. Citizen	% Ownership	Compensation

## Business Debt Schedule

Include all installment loans, contracts, notes or mortgages with balances as of the date of interim financial statement. Astericks (\*) those loans to be repaid by this request. Do not include trade payables.

Creditor	Account Number	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral
Total:					Total:			

Company Name:

---

Signature/Title

Date

## Business Plan Outline

Use separate attachments to answer questions, if necessary.

Company Name	
Nature of Business	
Types of Products/Services	
Customer Profile:	
Key Customers:	Major Competitors:
Major Suppliers:	Geographical Sales Areas:
Future plans for growth/expansion:	
Describe this loan amount and detail how it will benefit your company.	
Will the funding of this loan create new employment opportunities? If so, in what capacity?	





Date of Valuation \_\_\_\_\_

# Personal Financial Statement

Huron  
1371 Dakota Avenue South  
Huron, SD 57350  
Phone: 605/352-2845  
Toll Free: 800/440-6573

Volga  
PO Box 20  
Volga, SD 57071  
Phone: 605/627-5880  
Toll Free: 800/440-8148

Woonsocket  
719 East 7th Street, Suite 2  
Woonsocket, SD 57385  
Phone: 605/796-4186  
Toll Free: 800/440-6458

Brookings  
2423 6th Street  
Brookings, SD 57006  
Phone: 605/697-5922  
Toll Free: 866/697-5922

You may apply for a credit extension or financial accommodation individually or jointly with a co-applicant. This statement and any applicable supporting schedules may be completed jointly by both married and unmarried-applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.  
If you want to consider income from self-employment, please attach a profit & loss statement or a schedule "C" from your income tax return.

### Applicant

Name	Social Security #
Home Address	Home Phone
Present Employer & Position	# of Years Employed
Employer Address	Business Phone

### Co-Applicant

Name	Social Security #
Home Address	Home Phone
Present Employer & Position	# of Years Employed
Employer Address	Business Phone

Annual Income	Applicant	Co-Applicant	Contingent Liabilities	Amount
Salary			As Endorser	
Commissions			As Guarantor	
Dividends			Lawsuits	
Interest			For Taxes	
Rentals			Other (Details)	
Alimony, Child Support or Maintenance (You need not show this unless, you wish us to consider it)				
Other			Check here if none	
<b>Total Income</b>			<b>Total Contingent Liabilities</b>	

Assets	Amount	Liabilities	Amount
Cash in the Credit Union		Notes Payable Credit Union (Schedule 7)	
Cash in other Financial Institutions (Detail)		Notes Payable Others (Schedule 7)	
Accounts & Notes Receivable (Schedule 1)		Installment Contracts Payable (Schedule 7)	
Mortgage & Contract for Deed Owned (Schedule 2)		Due Dept. Stores, Credit Union & Others (Schedule 7)	
Stocks & Bonds (Schedule 3)		Income Taxes Payable	
Cash Surrender Value of Life Insurance (Schedule 4)		Other Taxes Payable	
Homestead (Schedule 5)		Loans on Life Insurance (Schedule 4)	
Other Real Estate Owned (Schedule 5)		Mortgages on Homestead (Schedule 6)	
Automobiles		Mortgage or Liens on other Real Estate Owned (Schedule 6)	
Business Assets (Attach Business Balance Sheet)		Business Debt	
Personal Property		Other Liabilities (Detail)	
Other Assets		<b>Total Liabilities</b>	
<b>Total Assets</b>		<b>Assets-Liabilities=Net Worth</b>	

### Schedule 1 Due From Family, Relatives and Others

Name of Debtor	Collateral	How Payable	Maturity Date	Unpaid Balance
		\$ per		
		\$ per		
		\$ per		
<b>Total</b>				

Schedule 2 Mortgage & Contracts for Deed Owned

Name of Debtor	Type of Property	1st or 2nd Lien	Owed To	How Payable	Unpaid Balance
				\$ per	
				\$ per	
<b>Total</b>					

Schedule 3 Stocks & Bonds

Number of Shares or Bond Amount	Description	In Whose Name(s)	Cost	Present Market Value	L-listed U-listed
<b>Total</b>					

Schedule 4 Life Insurance

Insured	Insurance Company	Beneficiary	Face Value of	Cash Value	Loans
<b>Total</b>					

Schedule 5 Real Estate Owned (Homestead & Other)

Address and Type of Property	Titles in Name(s) of	Monthly Income	Cost/Year Acquired	Present Market	Amount of Insur-
			\$		
			\$		
			\$		

Schedule 6 Mortgages or Liens on Real Estate

To Whom Payable	How Payable	Interest Rate	Maturity Date	Unpaid Balance
	\$ Per			
	\$ Per			
	\$ Per			
	\$ Per			

Schedule 7 Notes Payable & Credit Cards

To Whom Payable	Address	Collateral or Unsecured	How Payable	Unpaid Balance
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	

	Applicant	Co-Applicant
Have you filed bankruptcy or had a judgment against you in the last year?	___ Yes ___ No	___ Yes ___ No
Are any assets pledged or debts secured	___ Yes ___ No	___ Yes ___ No
Have you made a will?	___ Yes ___ No	___ Yes ___ No
Marital status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse). (Unmarried includes: single, divorced, & widowed)	___ Married ___ Separated ___ Unmarried	___ Married ___ Separated ___ Unmarried

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*(if you are completing the statement jointly)