

BUSINESS LOAN/LINE OF CREDIT APPLICATION

FIREFIGHTERS FIRST CREDIT UNION

I/We would like to apply for the following Business Term Loan/Line of Credit

<input type="checkbox"/> Business Credit Card Business name to appear on card (limit 25 characters): _____ Amount of Line: \$ _____ Use of Funds: _____	<input type="checkbox"/> Revolving Line of Credit (12 month term renewable annually) Amount of Line: \$ _____ Use of Funds: _____	<input type="checkbox"/> Term Loan <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Term: _____ months Amount of Loan: \$ _____ Use of Funds: _____
<input type="checkbox"/> Increase to an Existing Line # _____ Amount of Current Line \$ _____ Amount of Requested Increase \$ _____ Total of Current Line + Increase \$ _____ Use of Funds: _____	<input type="checkbox"/> Vehicle Loan <input type="checkbox"/> New <input type="checkbox"/> Used Term: _____ Months Amount of Loan: \$ _____ Vehicle Type: _____ Vehicle Description: _____	

- All stockholders/partners/owners are eligible for membership in Firefighters First Credit Union.
 Our member number(s) is/are: _____
- We hereby apply for a loan with Firefighters First Credit Union and understand that a \$100 application fee is required with the submission of an application for Term Loans and Revolving Lines of Credit.

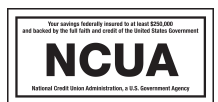
PLEASE SHARE THE INFORMATION ABOUT YOUR BUSINESS

Complete Legal Name	DBA Name	Federal Tax I.D. Number
Business Street Address	City	State Zip
Mailing Address, If Different	City	State Zip
Previous Business Street Address (if current address is less than 3 years)	City	State Zip
Business Phone Number ()	Business Fax	Date Business Established Mo. _____ Yr. _____
Business Contact Name	Under Current Management Since Mo. _____ Yr. _____	
Business Type <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
Business Industry <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Trucking <input type="checkbox"/> Union <input type="checkbox"/> Fire Station <input type="checkbox"/> Other _____		
Annual Gross Sales/Revenues \$	Net Profit Last Fiscal Year \$	Number of Employees
Primary Business Bank	Average Business Checking Balance \$	Total Average Business Balance \$
Total Existing Secured Business Loans \$	Total Existing Unsecured Business Loans \$	Total Deposit Relationship with Firefighters First Credit Union \$

QUESTIONS	Explanation (Please use an attached sheet if necessary.)
<input type="checkbox"/> Yes <input type="checkbox"/> No Has your business incurred a loss in any of the last 3 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any delinquent state or federal taxes owed by the business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the business for sale or under agreement that would change the ownership of the business?	

SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT (Does not apply for credit card applications under \$25,000)				
Description	Value	Total Liens	Ownership Status for this Applicant	Creditor Name
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
		\$	<input type="checkbox"/> Purchase Money <input type="checkbox"/> Presently Owned	
Use additional sheet if necessary				

This application cannot be processed without your Federal Tax I.D. number and owner's Social Security numbers. Please make certain to include these on this form.



Continue and sign on the reverse.

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PLEASE SHARE THE INFORMATION ABOUT THE OWNERS OF YOUR BUSINESS

All owners and percentage of ownership must be listed. Attach a separate sheet if necessary.

Notice to sole proprietors: You may apply for credit in your name alone, regardless of marital status.

OWNER #1

<input type="checkbox"/> Signer <input type="checkbox"/> Guarantor <input type="checkbox"/> Borrower	First Name	Middle Initial	Last Name	Title	% Ownership
Residence Street Address				Home Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent # of Years _____
City	State	Zip	Social Security No. / /	Date of Birth / /	
Previous Residence Street Address (if current less than 3 years)			City	State	Zip
Personal Accounts Name of Financial Institution _____					
<input type="checkbox"/> Checking Acct. # _____ Average Balance \$ _____	<input type="checkbox"/> Savings/Investment Acct. # _____ Average Balance \$ _____		<input type="checkbox"/> Retirement Plans Acct. # _____ Average Balance \$ _____		
Total Assets \$	Total Liabilities \$	Equity in Home \$	Value in Business \$	Salary from Business \$	
Other Income, Explain* \$	Revolving Credit Pay \$	Mortgage/Rent Payments \$	Other Loan/Note Payments \$		

OWNER #2 Owner #2 should not report any household income or account balances that are claimed by Owner #1.

<input type="checkbox"/> Signer <input type="checkbox"/> Guarantor <input type="checkbox"/> Borrower	First Name	Middle Initial	Last Name	Title	% Ownership
Residence Street Address				Home Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent # of Years _____
City	State	Zip	Social Security No. / /	Date of Birth / /	
Previous Residence Street Address (if current less than 3 years)			City	State	Zip
Personal Accounts Name of Financial Institution _____					
<input type="checkbox"/> Checking Acct. # _____ Average Balance \$ _____	<input type="checkbox"/> Savings/Investment Acct. # _____ Average Balance \$ _____		<input type="checkbox"/> Retirement Plans Acct. # _____ Average Balance \$ _____		
Total Assets \$	Total Liabilities \$	Equity in Home \$	Value in Business \$	Salary from Business \$	
Other Income, Explain* \$	Revolving Credit Pay \$	Mortgage/Rent Payments \$	Other Loan/Note Payments \$		

QUESTIONS

Applicant (1)	Co-Applicant (2)	Explanation (Please use an attached sheet if necessary.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you declared bankruptcy in the last ten years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgements against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied credit with Firefighters First Credit Union?

AGREEMENT SIGNATURES

Business Name (complete legal name and DBA name, if applicable. as shown on reverse) _____ Federal Tax I.D. Number _____

The business named above ("applicant") certifies that all information provided is complete, true and correct and authorizes the Firefighters First Credit Union to obtain credit reports on the applicant and the individual owners. Each person signing below certifies that he/she is signing on behalf of the applicant in the capacity indicated and is authorized to execute this credit application on behalf of the applicant.

For Corporations/Unincorporated Associations: The president or the chairman of the board or any vice president and one of the following: secretary, assistant secretary, chief financial officer or assistant treasurer. If only one individual holds all officer titles, then check applicable titles and sign both A. and B. below. When officer titles are held by more than one individual, check applicable titles and have different individuals sign in A. and B.

A. President Chairman of the Board Vice President

X _____
Authorized Signature Printed Name Title Date

B. Secretary Assistant Secretary Chief Financial Officer

X _____
Authorized Signature Printed Name Title Date

For Partnerships, all general Partners. **Sole Proprietorships,** the owner(s), **Limited Liability Companies,** all members, managers or those authorized in the operating agreement.

X _____
Authorized Signature Printed Name Title Date

X _____
Authorized Signature Printed Name Title Date

I AM APPLYING FOR JOINT CREDIT FOR A SOLE PROPRIETORSHIP. PLEASE INITIAL: _____

For Personal Guaranty:

Each of the undersigned jointly, separately and unconditionally guarantees payment of, and agrees to pay to the order of Firefighters First Credit Union, all obligations at any time outstanding under the loan/line agreement provided pursuant to this application, or any extension, renewal, or modification thereof. The obligations under this guaranty are independent, and each guarantor agrees (1) Firefighters First Credit Union may proceed against one or more of the undersigned without proceeding against the applicant or another guarantor, (2) Firefighters First Credit Union may obtain credit reports and provide information to others regarding each guarantor, (3) to pay all expenses, including attorney's fees, including at trial or on appeal, that Firefighters First Credit Union incurs enforcing this guaranty, (4) he/she grants Firefighters First Credit Union a security interest in all deposit accounts guarantor maintains with Firefighters First Credit Union. Each guarantor acknowledges that the loan/line agreement will be provided directly to the applicant, and that it shall be the responsibility of each guarantor to obtain a copy of such agreement. Each guarantor further agrees that the provisions in such agreement relating to arbitration apply to this guaranty, (5) the guarantor waives the benefit of any statute of limitations that would apply to this guaranty to the extent allowed by law, (6) this guaranty and the rights and duties of all parties under this guaranty shall be governed by and interpreted in accordance with the federal law and laws of the state of California, regardless of where applicant is located or uses account at any time and (7) guarantor agrees to submit to the jurisdiction of any state or federal court located in California.

X _____
Authorized Signature Printed Name Title Date

X _____
Authorized Signature Printed Name Title Date

* Alimony, child support and separate maintenance income does not need to be listed if you do not want it considered as a basis for repaying this obligation.

BUSINESS FINANCIAL STATEMENT FIREFIGHTERS FIRST CREDIT UNION

SCHEDULE OF ASSETS (If none apply, check here)

Examples: Cash & Liquid Assets, Accounts Receivables, Inventory, Vehicles, Office Equipment, etc.

Description	Value	Subject to Debt
Total:	\$	

SCHEDULE OF LIABILITIES (If none apply, check here)

Examples: Accounts Payable, Banknotes Payable, Taxes Payable, etc.

Description	Type	Current Balance
Total:	\$	

Use additional sheet if necessary

SCHEDULE OF EXPENSES (If none apply, check here)

Examples: Cost of Sales, Interest Expense, Business Rent Expense, Officer's Salaries, etc.

Description	Type	Amount	Per
Annualized Total:		\$	

Use additional sheet if necessary

INCOME SCHEDULE (If none apply, check here)

Examples: Net Sales, Interest Earned, etc.

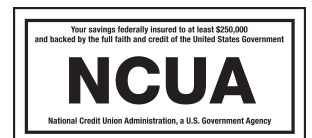
Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Description	Type	Annualized Amount	
Annualized Total:		\$	

Use additional sheet if necessary

FINANCIAL AND INCOME STATEMENT SUMMARY

Total Assets: \$ _____	Total Amount Income: \$ _____
Total Liabilities: \$ _____	Total Annual Expenses: \$ _____
Net Worth: \$ _____	Net Annual Cash Flow: \$ _____



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X _____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date