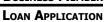




Financial information for all owners may be required before final approval.

LOAN APPLICATION

BUSINESS INFORMATION								
Legal Business Name			Business Phone			Federal Tax ID or Social Security #		
DBA or Registered Name		Date Business Established			Owned Since			
Business Street Address (no P.O. Box	State		Zi	p	County			
Mailing Street Address (if different) City			Zip			No. of Employees		
State of Incorporation	Date Incorporated	Date Incorporated		ail Address		Business Fax Number		
	Individual □ C-Corporation Sole Proprietorship □ General Part □ S-Corporation □ Limited Part		nership		ship I	Non-profit Other:		
Nature of Business: Manufacturing Wholesal Please describe your product/service: BUSINESS OWNER(S)/GUAR Persons opening an account on behal contract, arrangement, understanding	RANTOR(S)/ORGANIZATI f of a legal entity must provide th	ONAL OFF	formation for ea	FORMATIO ach individual,	, if any, who di	rectly or indirectly, through any		
Name	Ownership %				Title			
Address	SS#/Tax ID				Date of Birth			
Identification: Primary ID Type Primary ID Number								
Issued by (State/Country/Province)								
Name Ow			Ownership %			Title		
Address SS#/1			SS#/Tax ID			Date of Birth		
Identification: Primary ID Type			Primary ID Number					
Issued by (State/Country/Province)								
Name	Ownership %				Title			
Address		SS#/Tax ID			Date of Birth			
Identification: Primary ID Type	Primary ID Number			Number				
Issued by (State/Country/Province)								
Name		Ownership %			Title			
Address		SS#/Tax ID				Date of Birth		
Identification: Primary ID Type			Primary ID Number					
Issued by (State/Country/Province)								
CONTROLLING PERSON: A	ny person transacting on be	half of entit	y including, b	out not limit	ed to owners			
The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer): or Any other individual who regulary performs similar functions. (If appropriate, an individual listed above may also be listed in this section.)								
Tame/Title Date of Birth Address (Res. or Bus. Street Address) SS#/Tax ID								





CREDIT REQUEST INF	FORMATION								
Business Loan Type:	Amount Requested:	Term/Authorization:	Please prov	ide a brief e	explanation of h	ow you'll use tl	he loan pr	oceeds:	
Line of Credit	\$								
Term Loan	\$								
Real Estate Loan	\$		Collateral I	Description (Attach detailed	list if available	e):		
Construction Loan	\$								
☐ Standby Letter of Credit									
☐ Other:	\$								
BUSINESS INFORMAT	ION								
■ Does the business applie	cant or guarantor(s) own	20% or more of another co	omnany? (If ves	attach tax i	returns)			YES NO	
	=	s under any other names?	ompuny. (11 yes	, attacii tan i	cturns)				
		I any assets in trust? (If yes	, provide a copy	of the com	plete Trust Agre	ement.)			
		or co-maker for obligations		-	-	,			
 Is the business applicant 	t or any guarantor(s) a p	arty to any claim or lawsuit	:?						
		ver declared bankruptcy?							
 ■ Has the business applicant ever failed to comply with any laws, rules or regulations relating to hazardous substances? ■ Are there any state or federal tax liens pending or filed against the business applicant or any guarantor(s)? 									
Are there any state or fe	ederal tax liens pending of	or filed against the business	applicant or an	y guarantor(S)?				
If you answered "YES" to	any of the above g	uestions attach an expla	anation and d	etails of e	ach.				
,	any or and above qu								
CURRENT BUSINESS I	DEPOSITORY REL	ATIONSHIPS							
Institution Name		Phone	Chec	king	Date O	nened	Current	Ralance	
Institution (value		Thone		Savings		octica			
				_			\$		
Institution Name		Phone	Checking		Date Opened		Current Balance		
			Savings				\$		
Institution Name		Phone	Checking		Date O _l	Date Opened		Current Balance	
			Savings				\$		
CURRENT BUSINESS I	LOAN RELATIONS	HIPS							
Creditor	Type*	Collateral		Interest	Maturity	Current B	Balance	Monthly	
				Rate	Date	0		Payment	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						s		\$	
* T (T)) Lassa (LE) Other (0)		<u> </u>	Totals	\$		\$	
* Type: Line (L), Term (T) List on a separate sheet of			s, contingent	liabilities	or any other	obligation no	t listed 2	above or shown	
on the financial statemen		,	. 6		•				



1.

LOAN APPLICATION

AUTHORIZATION/SIGNATURES

* The signer(s) certifies that he/she is authorized to execute this Application for the business named above ("Applicant"), and that all information and documents submitted, including financial statements, and federal income tax returns, are true, correct and complete. The signer(s) further agrees to notify Mid-Minnesota Federal Credit Union (MMFCU) promptly of any material change in any such information. The signer(s) authorizes MMFCU to: 1) obtain additional information concerning my financial condition, employment and credit history including without limitation, consumer and/or business reports, inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as applicant and individuals at any time; 2) furnish such information and share any credit experience with me to others and answer any questions about my credit experience and other financial relationships with MMFCU; 3) disclose account information as required by law. The signer(s) further authorizes MMFCU to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The signer(s) understands and agrees that this application is subject to final credit approval and that additional information may be required in order to make a final credit decision. This application and all supporting information including but not limited to financial statements and tax returns shall remain the property of MMFCU. The signer(s) understands it may be a federal crime punishable by a fine and/or imprisonment to knowingly make false statements or provide incomplete or incorrect information on loan applications to financial institutions.

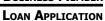
Signer/Guarantor	Title	Date
2.		
Signer/Guarantor	Title	Date
3.		
Signer/Guarantor	Title	Date
4.		
Signer/Guarantor	Title	Date
5.		
Signer (non-profit)	Title	Date
6.		
Signer (non-profit)		

Adverse Action Notice

(Applicant copy is located on page 4 of this form.)

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Mid-Minnesota Federal Credit Union is the Chicago Regional Office of the Federal Trade Commission, 55 East Monroe Street, Suite 1437, Chicago, Illinois 60603.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid-Minnesota Federal Credit Union, Business Member Services, P.O. Box 2907, Baxter, MN 56425.





Adverse Action Notice

Applicant's Copy

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Mid-Minnesota Federal Credit Union is the Chicago Regional Office of the Federal Trade Commission, 55 East Monroe Street, Suite 1437, Chicago, Illinois 60603.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid-Minnesota Federal Credit Union, Business Member Services, P.O. Box 2907, Baxter, MN 56425 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Applicant: Retain for your records