



BUSINESS SECURITY LOAN REQUIREMENT

LOAN AMOUNT:	MAXIMUM \$ 15,000
LOAN TERM:	MAXIMUM 60 MONTHS
INTEREST RATE:	AS PER RATE & FEE SCHEDULE
PROCESSING FEE:	AS PER RATE & FEE SCHEDULE
QUALIFIED PRODUCTS:	SECURITY CABIN, SURVEILLANCE SYSTEM, BULLET PROOF VESTS
LOAN COLLATERAL:	FIRST LIEN ON SECURITY EQUIPMENTS

Member must meet the following criteria in order to qualify for business security loan.

LOAN APPLICANT’S QUALIFICATIONS:

1. Applicant must be a member of our Credit Union.
2. Must have a Savings account with a minimum balance of \$100 for loan requirement.
3. Applicant must be a business owner annual income in excess of Loan amount.
4. Applicant must be of legal age to enter into a contractual obligation.
5. Must have a valid State issued I.D. Card and Social Security number.
6. Applicant must not have been delinquent for more than 90 days in loan payments with PMFCU and Other creditors in the last 2 years.
7. For Interest rate, number of guarantor requirement, collateral requirement and loan eligibility will be based on **Credit Score**. The detail of the criteria is as follows:

<u>Credit Score</u>	<u>Interest rate</u>	<u>No. of Guarantor</u>	<u>Collateral</u>
700 – Plus	As per schedule	Personal guaranty required	First Lien on Security Equipment
550 – 699	As per schedule + 1%	Personal guaranty required	First Lien on Security Equipment

There is no guarantor requirement for the Business Security loan however in case if the Credit Committee demands guarantor then the Applicant needs to provide the same based on the following guarantor’s qualification requirement.

LOAN GUARANTOR’S QUALIFICATIONS: (If Required)

1. Guarantor must have an established credit bureau history.
2. Must not have been delinquent for more than 90 days in loan payments with P.M.C.U. and other creditors in last 2 years.
3. Must not have signed more than 4 guarantees, with a maximum guarantee limit of \$200,000.
4. No family and cross guaranty acceptable.
5. Guarantor needs to provide \$300.00 as collateral for each guaranty.
6. Guarantor needs to sign credit history release form for credit verification and credit analysis will be performed.
7. Guarantors who meet the above qualifications do not qualify in anyway as an automatic guarantor. However, it will remain up to the discretion of the Credit Committee to accept the person as a guarantor.

DOCUMENTS REQUIRED FROM LOAN APPLICANT:

1. Completed Loan Application.
2. Copy of ID/DL.
3. Copies of last 2 year’s Personal and Business Income Tax Returns and current personal and Business Financial Statements.
4. The borrower must show proof of business, showing him/her as owner/part-owner of business, as follows:
 - i) Articles of Incorporation,
 - ii) or Partnership deed,
 - iii) or Assumed Name certificate.
5. In case of a partnership or corporation, a signed resolution authorizing the purchase of the Security equipment shall be required.
6. Original and signed quotations from the vendors together with the Security Equipment details must be submitted along with the application.

Loan application will not be processed until all required documents are submitted

SOURCES OF INCOME

Important Notice to Individuals

ALIMONY-CHILD SUPPORT: The inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered in evaluating this application.

GROSS ANNUAL INCOME	APPLICANT	GUARANTOR OR CO-APPLICANT #1	GUARANTOR OR CO-APPLICANT #2	TOTAL	SPOUSE (IF APPLICABLE)
NET SALES					
BASE SALARY					
OVERTIME					
BONUS AND/OR COMMISSIONS					
DIVIDENDS/INTEREST					
NET RENTAL INCOME					
ITEMIZED OTHER:					
1.					
2.					
3.					
4.					
5.					
TOTAL ANNUAL INCOME					

FINANCIAL INFORMATION

Please include copies of the following checked items as attachments to this application:

- Federal Tax Return For:**
- | | | | | |
|---------------------------------------|--|--|-----------------------------------|--|
| <input type="checkbox"/> Current Year | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Balance Sheet for Current Year for: | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) |
| <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) | <input type="checkbox"/> Income Statement for Current Year: | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) |
| | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) |

Financial Services Accounts Information:

- | | | | | | | | |
|-----------------------------------|-----------------------------------|--|----------------------|---------------------------------------|-----------------------------------|--|----------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) | ____ Number Attached | <input type="checkbox"/> Loan(s) | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) | ____ Number Attached |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) | ____ Number Attached | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Borrower | <input type="checkbox"/> Guarantor/Co-Applicant(s) | ____ Number Attached |

Check if additional account information accompanies this application.

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X _____
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.

The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower, co-applicant(s), and guarantor(s), as appropriate grants to the credit union the authority to use reasonable means to verify application information by requesting credit bureau reports, accessing information about borrower, co-applicant(s), and guarantor(s), as appropriate from other third party information providers, and other means if applicable. Borrower further grants to credit union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. Borrower agrees to pay any fees charged by the credit union for processing this application and other related expenses whether the application is approved or denied. You promise that the credit you are applying for is for a business purpose. By signing below or by using your card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

By: **X** _____
 BORROWER CO-APPLICANT GUARANTOR DATE
TITLE:

FOR CREDIT UNION USE ONLY

VERIFICATION COMPLETION DATE _____ BY _____

GOVERNMENT LIST(S) CHECKED: TREASURY CIP LIST OFAC OTHER:

LIST VERIFICATION COMPLETION DATE _____ BY _____

DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	CREDIT CARD	OTHER	OTHER
				\$	\$	\$	\$

LOAN OFFICER COMMENTS:

SIGNATURES:
X _____ DATE **X** _____ DATE

BUSINESS INFORMATION

Business Legal Name:		Business Contact Name:	
Business DbA Name:		Business Phone #	
City/State/Zip code:		Business Fax #	
County:		E-Mail Address:	
Tax ID Number:		Date Established:	
Type of Business:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retail
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Service
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> S.Corporation	<input type="checkbox"/> Limited Liab.Corp.
	<input type="checkbox"/> General Partnership		<input type="checkbox"/> Others

CURRENT BUSINESS OWNERSHIP

Provide list of business ownership and ownership percentages at the time of loan closing:

Name (first, Middle, Last) or Company or Partnership	Business Title	Ownership percentage
Total		100.00%

CURRENT BUSINESS OWNERSHIP

Provide the following details if there has been ownership change in the last six months:

Name (first, Middle, Last) or Company or Partnership	Previous ownership %	Current ownership %
Total	100.00%	100.00%

PURPOSE OF LOAN

Term of Loan Amount is requested for _____ months

Asset Description	Amount
1. Land Purchase	
2. Land & Building Property	
3. Business Acquisition	
4. Machinery / Equipment	
5. Furniture and Fixtures	
6. Inventory	
7. Working Capital	
8. Others	
Total Financing Required (Total of 1 to 8):	\$ -
Less: Owner's Equity (at least 20%) or down payment	\$ -
Total Amount of Loan Requested	\$ -

BUSINESS INFORMATION

DETAILS OF EXISTING BUSINESS DEBTS. (if any)

Name of Lender/ Financial Institution	Account No	Interest Rate	Original Loan Amount	Balance Due	Monthly Payment
Totals..... \$	X X X X	X X X X			

BUSINESS PROPERTY OWNER

Name of Firm:		Contact person:	
Phone:	Fax:		Email:
Address:			
City, State & Zip code:			

Briefly describe the nature of your business:

Give Name of Three Business References:

If applicable, detail the reason for any of the negative trends in your company's financial performance over the last three years in the next three categories below?

_____ Date

_____ Signature

_____ Name



LOAN FEE DISCLOSURE

To facilitate timely processing of loans, and to avoid unnecessary misuse of credit union's resources by members, **Pioneer Mutual Federal Credit Union will charge members a loan processing fee in the amount noted on the rate and fee schedule based on type of loan application submitted.**

If a member's loan is approved, and the loan application is subsequently cancelled or voided, a fee in the amount of **\$100.00** will be charged to the member.

Additionally, if a member fails to avail an approved loan within 30 days after being informed by the credit union about the loan approval, a fee in the amount of **\$100.00** will be charged. The approved loan will be kept on hold for another 30 days. Thereafter, the loan application and loan approval will be voided.

In the event a loan application is cancelled or voided, a member will be required to submit a new loan application if he or she desires to avail a loan from the credit union. The loan rates and fees applicable at the time new application is submitted will apply.

I agree to the above terms and conditions of the loan fee disclosure.

Account No. _____

Member Name: _____

Signature: _____

Date: _____



1521 Lake Pointe Parkway
 Sugar Land, TX 77478
 Phone: (281) 566-8000
 Fax: (281) 566-8001
 www.pioneeronline.org

AUTHORIZATION DESIGNATION

BUSINESS/ORGANIZATION NAME	MEMBER/ACCOUNT NUMBER
LOCATION OF PRINCIPAL OFFICE	STATE OF ORGANIZATION
The Type of Business/Organization for the above named entity is indicated on the Business Account Card. The Authorized Person(s) certify the selection is accurate and agree to provide updates or corrections, if necessary.	
The following authorization(s) is (are) attached to and is (are) a part of this document:	
<input type="checkbox"/> Authorization for Share/Deposit Accounts	<input type="checkbox"/> Authorization for Borrowing
Dated:	Dated:

Instructions:

- If the Business/Organization is organized as a corporation, execute **Adoption by Vote of Governing Persons** OR **Adoption by Unanimous Written Consent of Governing Persons** section.
- If the Business/Organization is organized as a sole proprietorship, partnership, limited liability company or other non-corporate type of entity, execute **Adoption by Unanimous Written Consent of Governing Persons** section.

ADOPTION BY VOTE OF GOVERNING PERSONS

The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements duly adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Operating Agreement, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed. The undersigned further certifies that all of the information provided above is true.

Signature	Date
X	(Seal)

Name (print):

Title:

ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING PERSONS

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all actions directed therein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certify(ies) that he/she/they constitute(s) all of the persons vested with authority to make decisions on behalf of the Business/Organization and that no person with decision-making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that the attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation or Organization, Operating Agreement Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

Signature	Date
X	(Seal)

Name (print):

Signature	Date
X	(Seal)

Name (print):

Signature	Date
X	(Seal)

Name (print):

Signature	Date
X	(Seal)

Name (print):

Signature	Date
X	(Seal)

Name (print):

Signature	Date
X	(Seal)

Name (print):

AUTHORIZATION FOR SHARE/DEPOSIT ACCOUNTS

WHEREAS on this _____ day of _____, _____, it has been determined that it is in the best interest of _____ to establish a membership in and depository relationship with _____ ("Credit Union");

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at the Credit Union;

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below as an Authorized Person(s) has (have) the authority to establish a depository relationship with the Credit Union and may, from time to time, open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Person(s) is (are) vested with all power and authority described for an Authorized Person in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change pertaining to the Authorized Person(s) identified below, of any change in the ownership, legal structure, or management of the Business/Organization, and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any authority granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a facsimile or specimen signature; that the Business/Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of an Authorized Person with respect to share or deposit accounts must appear on the appropriate document.

AUTHORIZED PERSON(S) FOR SHARE/DEPOSIT ACCOUNTS

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Share/Deposit Accounts:

- Is the first Authorization for Share/Deposit Accounts presented to the Credit Union.
- Expressly revokes and replaces any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.
- Supplements any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.

(If none of the above boxes are checked, the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Share/Deposit Accounts that may be on file.)

AUTHORIZATION FOR BORROWING

WHEREAS on this _____ day of _____, _____, it has been determined that it is in the best interest of _____ to establish a borrowing relationship with _____ ("Credit Union")

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the following person(s) is (are) designated as an Authorized Person and is (are) authorized to do the following:

- 1) Obtain loans of any kind from time to time from the Credit Union;
- 2) Sign notes and credit agreements evidencing loans received from the Credit Union at such rates and terms as may be required by the Credit Union and as deemed proper by the Authorized Person(s);
- 3) Pledge, assign, mortgage or otherwise grant a security interest in any or all real property, fixtures, tangible, or intangible personal property, or any other assets of the Business/Organization for the purpose of securing loans and credit extended by the Credit Union to the Business/Organization or to guarantee and/or secure indebtednesses of others to the Credit Union, and may execute and deliver to the Credit Union security agreements, assignments, mortgages, hypothecations, agreements not to encumber and other agreements, which may contain any promises, warranties, representations, terms and conditions the Authorized Person(s) deems proper, and may execute any document or perform any act for the purpose of perfecting a security interest including delivering property into the Credit Union's possession as well as withdrawing and substituting such property from time to time;
- 4) Endorse or assign with or without recourse and deliver to the Credit Union for negotiation, discount, deposit, application to loan balances or for collateral purposes, notes, drafts, checks, certificates of deposit, acceptances, chattel paper, accounts, commercial and other business paper, now owned or hereafter acquired by the Business/Organization;
- 5) Execute and deliver to the Credit Union applications, agreements and other instruments the Credit Union requires for the issuance of letters of credit for the benefit of and to be held by the Business/Organization; and
- 6) Enter into subordination and guarantee agreements and grant other financial accommodations to the Credit Union.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change pertaining to the Authorized Person(s) identified below, any change in the ownership, legal structure, or management of the Business/Organization, and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any of the foregoing powers until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a facsimile or specimen signature; that the Business/Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses, including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that the signature of an Authorized Person with respect to borrowing must appear on the appropriate document.

AUTHORIZED PERSON(S) FOR BORROWING

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

Facsimile/Specimen Signature	Date
X	(Seal)

Name (print):
Title:

BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Borrowing:

- Is the first Authorization for Borrowing presented to the Credit Union.
- Expressly revokes and replaces any and all prior Authorizations for Borrowing adopted by the Business/Organization and presented to the Credit Union.
- Supplements any and all prior Authorizations for Borrowing adopted by the Business/Organization and presented to the Credit Union.

(If none of the above boxes are checked, the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Borrowing that may be on file.)



ACH DEBIT AUTHORIZATION/CHANGE/CANCELLATION AGREEMENT (BUSINESS ACCOUNTS)

Place an "X" indicating type of Ach Authorization Agreement being selected

New Authorization	Change Existing Authorization	Cancellation of Existing Authorization

Member Business Name	
Member Business Account Number	
Account Type (Checking/Loan/Savings)	
Member Business Phone Number	
Member Business FEIN	
Member Business E-mail	

EXTERNAL DEPOSITORY INSTITUTION INFORMATION/TRANSACTION DETAILS

Date to Start ACH	EFT on	of every month starting on	(date)
Bank or CU Name		Name on Account	
Routing No.		ACH Amount	
Account No.			
Account Type			

REQUEST TO STOP PAYMENT

Cancel all Future Transactions starting on	
Stop Payment for the transaction scheduled to occur on this date only:	
Stop Payment for the transaction up to and including this date:	

Terms and Conditions for Changes and Cancellations: This form must be received and acknowledged by the Credit Union at least FIVE (5) BUSINESS DAYS prior to the next scheduled transaction. If the Credit Union is unable to accommodate your stop payment request, we will not be liable for any penalties or charges assessed at the above-named Bank or Credit Union, including the amount of the ACH debit. If this stop payment request applies to a loan held at The Credit Union, you are still obligated to pay for the loan as agreed to in your loan application and loan promissory note. You must continue to make the loan payment by other means until the debt has been repaid in full. If this debit is for a loan payment, the undersigned understand that it is their responsibility to notify the credit union to stop the debit once the loan is paid in full. All requests – change or cancellation must be provided at least FIVE (5) BUSINESS DAYS prior to the next scheduled debit. If the loan is paid off and the credit union has not received instructions to stop the debit, undersigned understand that the funds will be credited to business’s checking account. Undersigned also understand if the debit is scheduled to occur on a non-business day, the debit may occur the business day prior to ensure posting on the scheduled date.

The undersigned acknowledge and agree that undersigned are authorized signer(s) for the business noted on this form, or otherwise have authority to act, on the accounts identified in this Agreement. The undersigned hereby authorize PIONEER MUTUAL FEDERAL CREDIT UNION (“Credit Union”) to initiate either debit, credit, and/or adjustment entries (including any error credit/debit entries) from the account indicated above at the external depository institution. The undersigned agree to the Terms and Conditions listed above for ACH Origination Cancellation if this ACH Agreement concerns a cancellation of an ACH. If this Agreement concerns a stop payment on an ACH, the undersigned are requesting and authorizing the credit union to stop payment for ACH transactions originated through the Credit Union using the instructions provided above. If this Agreement concerns a New ACH authorizations, the undersigned agree and acknowledge that the Credit Union must have a signed form FIVE (5) BUSINESS DAYS prior to the first scheduled payment. This authorization will remain in full effect and force until changed, cancelled, or revoked in writing by authorized individuals of the business.

PRINTED NAME	SIGNATURE	TITLE/POSITION	DATE

PLEASE ATTACH A VOIDED BUSINESS CHECK TO THIS FORM

FOR OFFICE USE ONLY

Date Received:	Manager Approval:	Date Approved by Manager:
Date Posted	ACH Dept Approval:	Date Approved by ACH Dept: