



Business Loan Checklist

Thank you for your interest in our Business Lending Products. This checklist has been provided to assist you through the process of gathering the necessary information for the evaluation of your loan request(s). Complete information will ensure proper evaluation of your request. Please provide the following information (as applicable):

- ___ 1. Member Business Loan Application
- ___ 2. Business Questionnaire
- ___ 3. Business Debt Structure
- ___ 4. Individual Financial Statement
(Complete one for each owner, partner, officer, director, key employee, guarantor or stockholder with an ownership interest of 10% or more)
- ___ 5. Signed Request for Transcript of Tax Return, Form 4506-T
(Complete one for each owner, partner, officer, director, key employee, guarantor or stockholder with an ownership interest of 10% or more)
- ___ 6. 3 years Business Federal Tax Returns, all schedules
- ___ 7. 3 years Business Financial Statements (Income Statement & Balance Sheet)
- ___ 8. 3 years Federal Tax Returns with all schedules, for all individuals from #4 above
- ___ 9. Copy of Partnership Agreement or Articles of Incorporation
- ___ 10. Purchase order/agreement for asset being acquired, if applicable

All financial statements and tax returns must have original signatures and dates.
After photocopying financial statements and tax returns, **please sign and affix current date.**

Thank you for the opportunity to assist you with your financial needs. If we may be of any further assistance, please contact us at:

Portland area	503-256-5858
Vancouver area	360-693-7368
Hood River area	541-387-4192
Toll-free	800-444-5858



BUSINESS LOAN APPLICATION

FOR CREDIT UNION USE ONLY	Principal	Loan Date	Maturity	Loan No.	Customer No.	Credit Union	Amount	CU Officer	Initials

FOR APPROVALS ONLY

Applicant Information			
Name			
Street Address			
City			
State		Zip Code	
Mailing Address			
City			
State		Zip Code	
Federal Tax Number TIN/SSN			
Applicant's Telephone Number			

Credit Union
Pacific NW Federal Credit Union 12106 NE Marx Street Portland, OR 97220 503-256-5858 Portland area 360-693-7368 Vancouver area 541-387-4192 Hood River area 800-444-5858 Toll Free

APPLICANT PROPOSED CREDIT FACILITY:

Proposed Loan Terms	
Loan Amount	\$ _____ Interest Rate: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Loan Term (Months or Years)	_____ <input type="checkbox"/> No Preference
BUSINESS PURPOSE OF LOAN:	
Type of Collateral	
<input type="checkbox"/> Titled <input type="checkbox"/> Automobile <input type="checkbox"/> Van <input type="checkbox"/> Short Haul Truck <input type="checkbox"/> Long Haul Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Ship <input type="checkbox"/> Aircraft <input type="checkbox"/> Other, Please Specify:	<input type="checkbox"/> Possessory <input type="checkbox"/> Share Savings/CD's <input type="checkbox"/> Stocks and/or Bonds <input type="checkbox"/> Notes/Instruments/Chattel Paper <input type="checkbox"/> Warehouse Receipts/Bills of Lading <input type="checkbox"/> Letters of Credit <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other Pledged Collateral
<input type="checkbox"/> UCC Collateral <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Inventory <input type="checkbox"/> Chattel Paper <input type="checkbox"/> Equipment <input type="checkbox"/> General Intangibles <input type="checkbox"/> Fixtures <input type="checkbox"/> Crops <input type="checkbox"/> Farm Products <input type="checkbox"/> Livestock <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Wraparound UCC filing on all business assets <input type="checkbox"/> Other UCC Collateral:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Commercial – Owner Occupied <input type="checkbox"/> Commercial – Non-Owner Occupied <input type="checkbox"/> Income Property – Commercial <input type="checkbox"/> Income Property – Retail <input type="checkbox"/> Income Property – Residential <input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Condominium <input type="checkbox"/> Other Real Estate:
Other Collateral or Description:	
Payment Type	
<input type="checkbox"/> Installment Payments <input type="checkbox"/> Single Payment <input type="checkbox"/> Interest Only With a Balloon Payment <input type="checkbox"/> Installment Payments With a Balloon Payment	<input type="checkbox"/> Seasonal Payments <input type="checkbox"/> Step Up Payments (Smaller to Larger) <input type="checkbox"/> Step Down Payments (Larger to Smaller) <input type="checkbox"/> Non-Revolving Line of Credit
<input type="checkbox"/> Revolving Line of Credit <input type="checkbox"/> Other, Please Specify	
PROPOSED REPAYMENT SCHEDULE:	



BUSINESS LOAN APPLICATION

INFORMATION REGARDING YOUR BUSINESS:

TYPE OF ORGANIZATION		<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Individual
<input type="checkbox"/> Profit C-Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Profit S-Corporation	<input type="checkbox"/> Professional Limited Liability Company	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Trust	
<input type="checkbox"/> Not-For-Profit Corporation		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other, Please Specify:	
DESCRIPTION OF BUSINESS:				
Official Legal Name:				
DBA Name (if any):				
STATE OF ORGANIZATION:		QUALIFIED TO DO BUSINESS IN THE FOLLOWING STATES:		
IF TYPE OF ORGANIZATION IS AN INDIVIDUAL, A SOLE PROPRIETORSHIP, OR A TRUST, NAME(S) AND ADDRESS(ES) OF OWNER(S) PRIMARY RESIDENCE(S):				
Please attach copies of: <input type="checkbox"/> For Corporations, Articles of Incorporation, For a Limited Liability Corporation, the equivalent certificate, or For a Partnership, a Certificate of Partnership if the partnership is registered in any state (if applicable). <input type="checkbox"/> Limited Liability Corporation's Operating Agreement (if applicable) <input type="checkbox"/> Partnership Agreement (if applicable)				
TRADE STYLES OR OTHER NAMES UNDER WHICH WE DO OR HAVE DONE BUSINESS:				
REGISTERED ASSUMED BUSINESS NAME FILINGS (Furnish copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable.)				
Principal Place of Business: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:				
Location of Accounting Books and Financial Records: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify:				

PROPOSED GUARANTOR(S) (Specify Relationship to Applicant):

Guarantor(s)	Address	Relationship
1.		
2.		
3.		
4.		

GUARANTOR(S) FINANCIAL INFORMATION ATTACHED:

Attached	Not Attached	Please attach copies of:	Date or Period Ending
<input type="checkbox"/>	<input type="checkbox"/>	Individual Financial Statement(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Return(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Share Account Statement(s)	

I (we) hereby affirm that the foregoing information contained in this member business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Credit Union is relying on this application in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to my financial condition. I understand that Credit Union will retain this application whether or not credit is granted.

Applicant By _____ By _____ Date _____	Applicant By _____ By _____ Date _____
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BUSINESS QUESTIONNAIRE

APPLICANT COMPANY INFORMATION		
Company Name	Phone	
Address		
City	State	Zip
Type of Business	Organized as	Date Established
OWNERSHIP OF APPLICANT COMPANY		
List all officers, directors, partners, owners & co-owners, and all stockholders with 20% or more of total stock issued (use additional sheet if needed):		
Name	Title	% of Ownership
OWNERSHIP OF AFFILIATE COMPANY		
List all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have an ownership interest of 20% or more (use additional sheet if needed):		
Company Name	Owner	% of Ownership

HISTORY OF BUSINESS
Describe the nature of this transaction:
What types of products/services does Applicant Company provide:
Describe any past accomplishments:
What are the future plans for growth/expansion:
How will this loan benefit the Applicant Company:
Will the funding of this loan create employment opportunities:
If yes, explain in detail:



INDIVIDUAL FINANCIAL STATEMENT

Member Name(s)					
STATEMENT OF FINANCIAL CONDITION OF		MEMBER	MEMBER & SPOUSE.	AS OF _____, _____	
ASSETS		AMOUNT	LIABILITIES		AMOUNT
CASH	In this Credit Union		NOTES & LOANS (No Real Estate)	Notes Payable to Credit Unions	
	Other Credit Unions or Banks			Notes & Loans Payable to Others	
STOCKS & BONDS Others	Marketable Securities		INSURANCE		
	Other		LOANS		
TAX	Tax Refund Due		TAXES DUE	Taxes Payable	
INSURANCE	Cash Value		ACCOUNTS & BILLS PAYABLE	Credit Card Accounts	
NOTES RECEIVABLE	Accounts & Notes Receivable			Open & Revolving Accounts	
				Other	
REAL ESTATE	Residence(s)		REAL ESTATE NOTES & CONTRACTS PAYABLE	Residence(s)	
	Unimproved Land			Unimproved Land	
	Income Properties			Income Properties	
	Other Real Estate			Other Real Estate	
OTHER ASSETS	Other Assets & Personal Property		OTHER LIABILITIES	Other Liabilities	
TOTAL ASSETS:		\$	TOTAL LIABILITIES:		\$
NET WORTH: (DIFFERENCE BETWEEN TOTAL ASSETS & TOTAL LIABILITIES)					\$

RE-CAP OF INCOME AND EXPENSES

**See notice below before completing Other Income.*

ANNUAL INCOME FOR YEAR 20 ____		ANNUAL EXPENSES FOR YEAR 20 ____		CONTINGENT LIABILITIES	
Salary or Wages		Property Taxes & Assessments		As Endorser on Notes/Contracts	
Dividends and/or Interest		Federal & State Income Taxes		As Guarantor on Notes/Contracts	
Rentals (Gross Income)		Real Estate Loan Payments		For Taxes	
Business (Net Income)		Contract/Note Payments		Other contingent Liabilities:	
Other Income (Describe)		Living Expenses (Estimated)			
		Other Expenses			
TOTAL INCOME	\$	TOTAL EXPENSES	\$	TOTAL CONTINGENT LIAB.	\$

***Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation**

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand the Credit Union is relying on this statement of my financial condition in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of my credit or employment status either directly or through any agency employed by the Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter, which will cause any material change to my financial condition. I understand that Credit Union will retain this financial statement whether or not the credit is granted.

Applicant's Signature:	Date:
Co Applicant's Signature:	Date:

Request for Transcript of Tax Return

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.