

# LOAN APPLICATION

## I. APPLICANT

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Years at Address: \_\_\_\_\_ (primary address)

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ [mm/dd/yyyy] S.S#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Birth City: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If applicable)

Are you or a family member an active/retired US Military?  yes  no

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Reference Contact:

<u>Reference Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Contact Number</u>

**FOR OFFICIAL USE ONLY**

ASR/AE CODE | \_\_\_\_\_ | <QUAL> \_\_\_\_\_ <Non-QUAL> \_\_\_\_\_ ;

## II. SECOND APPLICANT

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Years at Address: \_\_\_\_\_ (primary address)

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ [mm/dd/yyyy] S.S#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Birth City: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If applicable)

Are you or a family member an active/retired US Military?  yes  no

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reference Contact:**

<u>Reference Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Contact Number</u>

**FOR OFFICIAL USE ONLY**

ASR/AE CODE |                      |                      <QUAL>                      <Non-QUAL> ;

### III. BANK INFORMATION

**First Applicant**

Personal Bank: \_\_\_\_\_

Average Savings Balance: \$ \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Business Bank: \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Mortgage Bank: \_\_\_\_\_

Years Open: \_\_\_\_\_

Monthly Housing Payment:

 \$ \_\_\_\_\_  mortgage  rent

 Investment Accounts:  Stocks  Bonds  IRA  
 401K  Investment Properties / \$ \_\_\_\_\_

 Have you ever filed for credit repair?  yes  no

 Have you ever filed for bankruptcy?  yes  no

*If yes, when and which banks were involved:*

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Second Applicant**

Personal Bank: \_\_\_\_\_

Average Savings Balance: \$ \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Business Bank: \_\_\_\_\_

Average Checking Balance: \$ \_\_\_\_\_

Mortgage Bank: \_\_\_\_\_

Years Open: \_\_\_\_\_

Monthly Housing Payment:

 \$ \_\_\_\_\_  mortgage  rent

 Investment Accounts:  Stocks  Bonds  IRA  
 401K  Investment Properties / \$ \_\_\_\_\_

 Have you ever filed for credit repair?  yes  no

 Have you ever filed for bankruptcy?  yes  no

*If yes, when and which banks were involved:*

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[Credit Check Total Login \(www.creditchecktotal.com\)](http://www.creditchecktotal.com) - \$1 will begin your trial membership in CreditCheck® Total. If you do not cancel your membership within the 7-day trial period\*, you will be billed \$29.95 for each month that you continue your membership. You may cancel your trial membership anytime within the trial period without charge. NOTE: Credit Line Capital will require that you keep an active CreditCheck® Total through the duration of our process.

User Name: \_\_\_\_\_ (first applicant)

User Name: \_\_\_\_\_ (second applicant)

Password: \_\_\_\_\_ (case sensitive)

Password: \_\_\_\_\_ (case sensitive)

**IV. BUSINESS INFORMATION**

Legal Entity Name: \_\_\_\_\_ D.B.A \_\_\_\_\_

Type of Industry: \_\_\_\_\_

Entity form:  LLC  Corp.  S-Corp.  Sole Prop.

Professional Title:  President  VP  Treasurer  COO  CEO  CFO  GM

Projected Income / Sales:  100K-150K  151K-200K  201K-500K  501K-1M  1M+ Annual

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EIN#: \_\_\_\_\_

Years in Profession: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Open Business Credit Cards:**

BANK	BALANCE	LIMIT	YEAR OPEN

**Amount of Funding Needed:** \$ \_\_\_\_\_

**Please briefly explain how you plan on using your funding for your business:**

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. By submitting my credit report and signing this form I am giving consent for Credit Line Capital to utilize my personal information for the purpose of credit consulting with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_