

Important Information About Procedures for Opening a New Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

A. APPLICANT INFORMATION

LEGAL NAME OF BUSINESS		PHONE NUMBER	
STREET ADDRESS			
MAILING ADDRESS			
PHONE NUMBER	CONTACT NAME	FAX	E-MAIL
TAX ID NO.	YEAR ESTABLISHED	STATE	TYPE OF ENTITY
BUSINESS YEAR END	IF INDIVIDUAL, DATE OF BIRTH	IF INDIVIDUAL, NAME AND PHONE NO. OF EMPLOYER	
NATURE OF BUSINESS			

B. LOAN REQUEST

LOAN AMOUNT/CREDIT LIMIT REQUESTED \$	New Loan	Renew/Increase Existing Loan	Credit Card	LOAN PURPOSE
TERMS	VALUE OF COLLATERAL			
COLLATERAL OFFERED	SOURCE OF VALUATION			
COLLATERAL OWNER	LIENHOLDERS AND AMOUNTS OF LIENS			
INSURANCE AGENT/COMPANY				PHONE NUMBER
TYPE OF COVERAGE	POLICY DATES			

**C. GUARANTOR/CO-BORROWER (REQUIRED FOR LOANS TO ENTITIES AND GROUPS SUCH AS A CORPORATION)
CHECK HERE IF ADDITIONAL GUARANTORS/CO-BORROWERS INFORMATION IS ATTACHED ON PAGE 3**

1. Check the appropriate box that describes your relationship to the loan application:

CO-BORROWER	CARDHOLDER (all cardholders also guarantee payment)
<input type="checkbox"/>	<input type="checkbox"/>
GUARANTOR	
<input type="checkbox"/>	

NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL

2. Check the appropriate box that describes your relationship to the loan application:

CO-BORROWER	CARDHOLDER (all cardholders also guarantee payment)
<input type="checkbox"/>	<input type="checkbox"/>
GUARANTOR	
<input type="checkbox"/>	

NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL

AUTHORIZED USERS (CREDIT CARDS ONLY)

Check here if you would like to name authorized users on your account. Authorized users may use the card but will not be legally responsible for repaying the debt. Please list your Authorized Users on page 3.

D. FINANCIAL INFORMATION

TAX RETURN FILED THROUGH WHAT DATE	Are any returns being contested or audited: YES NO
------------------------------------	--

IF YES, DESCRIBE: ACCOUNTANT OR ACCOUNTING FIRM: _____

NAME(S) AND TITLE(S) OF PERSONS AUTHORIZED TO BORROW MONEY ON BEHALF OF THE BUSINESS:

1. _____ 2. _____

3. _____ 4. _____

FINANCIAL STATEMENT ON BORROWER(S) SUBMITTED WITH APPLICATION	DATE
FINANCIAL STATEMENT ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE
TAX RETURN ON BORROWER SUBMITTED WITH APPLICATION	DATE
TAX RETURN ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE

SIGNATURES

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary, either directly or through any agency employed by Lender for that purpose, to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

Credit Report Authorization. By signing this Application, Applicant(s) authorizes Creditor to obtain Applicant(s) credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing Applicant(s) account or taking collection action on the account.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), Applicant(s) consent to receiving calls, including autodialed and prerecorded message calls, from the Credit Union or its third party debt collector at that number.

STATEMENT OF BUSINESS PURPOSE: The undersigned represent, warrant and guarantee that the loan requested via the application and or other documentation submitted contemporaneously herewith is for **commercial use, and: (1) no part of the loan or its proceeds; (2) no property, equipment or other goods acquired with loan proceeds or used in the business of the borrowers or any guarantors or otherwise will be used for any consumer, household or family purpose whatsoever.** By signing below, each Applicant declares that he/she has read and understands this Statement and individually represents, warrants and guarantees as set forth with the expectation that the Credit Union will rely on this Statement.

JOINT CREDIT: TO BE COMPLETED BY ALL NATURAL PERSONS SIGNING INDIVIDUALLY AS BORROWERS, CO-BORROWERS OR GUARANTORS:

Joint Credit -- We intend to apply for joint credit. (initials) _____

By signing below, each Applicant declares that he/she has read and understands the Notices Addendum attached as page 4 and, if applicable, has received the Reg. B notification regarding denied credit and appraisal notice contained therein.

BY:	
TITLE:	
SIGNATURE	DATE
X	

BY:	
TITLE:	
SIGNATURE	DATE
X	

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			

MIDFLORIDA Credit Union

P.O. Box 8008

Lakeland, FL 33802

(863) 284-5626

**ADDITIONAL GUARANTORS/CO-BORROWERS -
COMMERCIAL LOAN APPLICATION**

Check as applicable: There are no additional Guarantors/Co-Borrowers/Cardholders other than those listed on page 1 of this Application.

There are additional Guarantors/Co-Borrowers/Cardholders. See Section A Below:

We would like Authorized Users on this account. See Section B Below:

LEGAL NAME OF BUSINESS	DATE
------------------------	------

In addition to those Guarantors/Co-Borrowers/Cardholders noted on page 1 of this Application, we submit the following additional Guarantor/Co-Borrower information:

A. GUARANTOR/CO-BORROWER (REQUIRED FOR LOANS TO ENTITIES AND GROUPS SUCH AS A CORPORATION)

3. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
------	---------------	---------------

STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
-------------	-------------	------------	--------

4. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
------	---------------	---------------

STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
-------------	-------------	------------	--------

5. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
------	---------------	---------------

STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
-------------	-------------	------------	--------

6. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
------	---------------	---------------

STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
-------------	-------------	------------	--------

B. AUTHORIZED USERS (OPTIONAL) - Please provide the names of any individual(s) whom you wish to be authorized signer(s) on your account.

An Authorized User is a person you authorize to use your Visa account. An Authorized User is not legally responsible for the debt and cannot receive information regarding the account.

- An Authorized User receives a card in their name with your Visa account number on it.

- You will be liable for all the transactions the Authorized User(s) incur on your account.

The terms and conditions of your account will remain the same.

1. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.
2. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.
3. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.
4. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.

EQUAL CREDIT OPPORTUNITY ACT NOTICES

If your gross annual revenues in the previous fiscal year were \$1,000,000.00 or less, and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact:

**P.O. Box 8008
Lakeland, FL 33802**

within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

NOTICE: The **Federal Equal Credit 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 this creditor is:

Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave., NW, Washington, DC 20580; 877-FTC-HELP (382-4357)