



2025 Larpenteur Ave. W.  
 Falcon Heights, MN 55113  
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 www.myspire.com

## Business - Application - NON-Real Estate

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN

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 or business that opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Married Applicants may apply for a separate account.

### LOAN REQUEST

Member/Account Number:  
 Application Type:  New  Renewal/Change  Other: \_\_\_\_\_  
 Type of Credit:  
 Individual/Business  Joint (Co-Applicant must individually complete Co-Applicant Information)  
 Amount requested: \$ \_\_\_\_\_ Terms/Maturity:  
 Type:  Line of Credit  Term Loan  Credit Card  
 Commercial Real Estate  Other: \_\_\_\_\_  
 Purpose of Loan: \_\_\_\_\_

### LOAN SECURITY

Collateral Description:  
 Value: \_\_\_\_\_ Liens/Security Interest and State Filed:  
 Subject Property Address (street, city, state, and zip): \_\_\_\_\_

### APPLICANT/INDIVIDUAL INFORMATION

BUSINESS/INDIVIDUAL NAME YEAR BUSINESS ESTABLISHED STATE  
 DBA NAME(S)  
 PRIOR BUSINESS NAME(S)  
 CONTACT NAME TITLE TELEPHONE  
 TYPE OF ORGANIZATION:  
 INDIVIDUAL  PROPRIETORSHIP  PARTNERSHIP  CORPORATION  LLC  ASSOCIATION  NON-PROFIT  OTHER: \_\_\_\_\_

#### IF INDIVIDUAL, PROVIDE THE FOLLOWING INFORMATION:

EMPLOYER NAME: \_\_\_\_\_ EMPLOYER TELEPHONE NUMBER \_\_\_\_\_  
 SSN/TIN NUMBER DRIVER'S LICENSE NUMBER/STATE ISSUANCE DATE EXPIRATION DATE DATE OF BIRTH  
 HOME TELEPHONE WORK TELEPHONE CELL PHONE FAX NUMBER WEB SITE ADDRESS/EMAIL  
 PHYSICAL ADDRESS  
 MAILING ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed) ID VERIFICATION: \_\_\_\_\_

### GUARANTOR/CO-APPLICANT

1. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE):  
 GUARANTOR  CO-APPLICANT  DIRECTOR (Non-Profit Only) SSN/TIN NUMBER DATE OF BIRTH  
 NAME DRIVER'S LICENSE NUMBER/STATE ISSUANCE DATE EXPIRATION DATE  
 HOME TELEPHONE WORK TELEPHONE CELL PHONE FAX NUMBER WEB SITE ADDRESS/EMAIL  
 PHYSICAL ADDRESS  
 MAILING ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed) ID VERIFICATION: \_\_\_\_\_

2. I AM PROVIDING THE FOLLOWING INFORMATION FOR PURPOSES OF SERVING AS A (CHECK ONE):  
 GUARANTOR  CO-APPLICANT  DIRECTOR (Non-Profit Only) SSN/TIN NUMBER DATE OF BIRTH  
 NAME DRIVER'S LICENSE NUMBER/STATE ISSUANCE DATE EXPIRATION DATE  
 HOME TELEPHONE WORK TELEPHONE CELL PHONE FAX NUMBER WEB SITE ADDRESS/EMAIL  
 PHYSICAL ADDRESS  
 MAILING ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed) ID VERIFICATION: \_\_\_\_\_

or  CHECK IF ADDITIONAL GUARANTOR/CO-APPLICANT INFORMATION ACCOMPANIES THIS APPLICATION.



**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:  Balance Sheet for Current Year for:  Borrower  Guarantor/Co-Applicant(s)  
 Current Year  Other: \_\_\_\_\_  Income Statement for Current Year:  Borrower  Guarantor/Co-Applicant(s)  
 Borrower  Guarantor/Co-Applicant(s)  Other: \_\_\_\_\_  Borrower  Guarantor/Co-Applicant(s)

Financial Services Accounts Information:

- Checking  Loan(s)  
 Borrower  Guarantor/Co-Applicant(s) \_\_\_\_\_ Number Attached  Borrower  Guarantor/Co-Applicant(s) \_\_\_\_\_ Number Attached  
 Savings  Other: \_\_\_\_\_  
 Borrower  Guarantor/Co-Applicant(s) \_\_\_\_\_ Number Attached  Borrower  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.

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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

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:  \_\_\_\_\_  
 BORROWER  CO-APPLICANT  GUARANTOR  DIRECTOR (Non-Profit Only)  
 TITLE: NAME: DATE

By:  \_\_\_\_\_  
 BORROWER  CO-APPLICANT  GUARANTOR  DIRECTOR (Non-Profit Only)  
 TITLE: NAME: DATE

By:  \_\_\_\_\_  
 BORROWER  CO-APPLICANT  GUARANTOR  DIRECTOR (Non-Profit Only)  
 TITLE: NAME: DATE

By:  \_\_\_\_\_  
 BORROWER  CO-APPLICANT  GUARANTOR  DIRECTOR (Non-Profit Only)  
 TITLE: NAME: DATE

**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 DATE DATE

MEMBER/ACCOUNT NUMBER:

**CERTIFICATION OF BENEFICIAL OWNER(S)**

Persons opening an account on behalf of a legal entity must provide the following information.

**a. Name and Title of Natural Person Opening Account:**

NAME	TITLE
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**b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:**

NAME	TYPE	ADDRESS
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**c. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.**

Beneficial Owner Not Applicable

**BENEFICIAL OWNER 1**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**BENEFICIAL OWNER 2**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**BENEFICIAL OWNER 3**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**BENEFICIAL OWNER 4**

NAME	DATE OF BIRTH	ADDRESS (Residential or Business Street Address)
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

**d. 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 regularly performs similar functions (if appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME	ADDRESS (Residential or Business Street Address)	
TITLE	DATE OF BIRTH	
SOCIAL SECURITY NUMBER*	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*

\* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as an alien identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**CERTIFICATION SIGNATURE**

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature	Date
<b>X</b>	(Seal)

## CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

### WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

### WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CONTINUE TO THE FOLLOWING PAGE



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**BUSINESS CREDIT CARD ADDENDUM**

This addendum is incorporated into and becomes part of your LOANLINER® Business Credit Card Agreement. Please keep this attached to your LOANLINER® Business Credit Card Agreement.

CREDIT CARD NAME: **Business Visa**

CREDIT LIMIT: \$100,000

**INTEREST RATE**

<b>Purchases:</b> Fixed Rate	0.00% Introductory Rate for a period of 12 billing cycles. After that, Your Rate will be 12.90%.
Variable Rate*	
<b>Balance Transfers:</b> Variable Rate*	12.90%
<b>Cash Advances:</b> Variable Rate*	12.90%

**Promotional Period for Introductory Rate:** The Introductory Rate for purchases will apply to transactions posted to your account during the first 12 months following the opening of your account.

**VARIABLE RATE\***

Name of Index:	Prime Rate
Date the Index is Determined:	Last Day of March, June, September, and December
Effective Date of Index:	Statement Cycle Date Quarterly
Current Index Value:	3.25%

Margins (Amount of percentage points by which Index will be increased to determine the Interest Rate):

Purchases:	9.65% percentage points
Balance Transfers	9.65% percentage points
Cash Advances:	9.65% percentage points

**Your Interest Rate is variable and may change automatically from time to time according to the variable rate terms set forth in this Addendum.** The Interest Rate is subject to change on the Statement Cycle Date Quarterly to reflect any change in the Index and will be determined by the Prime Rate as published in Wall Street Journal Money Rates table to which we add a margin. Your Interest Rate will never be greater than 18.00%. Any increase in the Interest Rate will take the form of additional payments shown as Total Minimum Payments on the statement. If the Index is no longer available, the Credit Union will choose a new index which is based upon comparable information.

**Fees**

<b>Transaction Fees</b> - Balance Transfer - Cash Advance - Foreign Transaction	None \$5.00 or 2.00% of the amount of each cash advance, whichever is greater 1.00% of each transaction in U.S. dollars
<b>Penalty Fees</b> - Late Payment  - Returned Payment	\$27.00 or the amount of the required minimum payment, whichever is less, if you are four or more days late in making a payment. In the event you fail to make a payment on time in any of the six billing cycles following the initial violation, you will be charged \$37.00 or the amount of the required minimum payment, whichever is less. \$25.00
<b>Other Fees</b> - Rush - Card Replacement	\$25.00 \$10.00

**Method for Computing the Balance for Purchases:** Average Daily Balance Including New Purchases.

**Balance Transfers:** We may permit you to transfer the balance of an account that you owe to another creditor to your account with us. If we approve a balance transfer, finance charges will be calculated and will accrue according to the same method as cash advances.

**Minimum Payment:** Your monthly payment will be 3.00% of your total new balance, or \$25.00, whichever is greater plus outstanding unpaid fees and charges, all prior unpaid payments and any amount that exceeds your credit limit.

