



3600 Brooks Street
 Missoula, MT 59801
 406-523-3300
 clearwatercreditunion.org

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.

Clearwater Federal Credit Union (*doing business as Clearwater Credit Union*)

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 \$	<input type="checkbox"/> New Loan <input type="checkbox"/> Renew/Increase Existing Loan <input type="checkbox"/> Credit Card	LOAN PURPOSE
TERMS	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 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

2. 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

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

<input type="checkbox"/> FINANCIAL STATEMENT ON BORROWER(S) SUBMITTED WITH APPLICATION	DATE
<input type="checkbox"/> FINANCIAL STATEMENT ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE
<input type="checkbox"/> TAX RETURN ON BORROWER SUBMITTED WITH APPLICATION	DATE
<input type="checkbox"/> TAX RETURN ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE

E. MISCELLANEOUS INFORMATION

Is the Business an endorser, guarantor or co-maker for any obligation (including any lease obligation e.g. vehicle, equipment) not listed on its financial statement? Yes No

If Yes, please explain:

Is the Business a party to any claim or lawsuit? Yes No

If Yes, please explain:

Has the Business ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chapter:	Filing Date:
Does the Business owe any taxes for years prior to the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Owed To:

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.

STATEMENT OF BUSINESS PURPOSE: The undersigned represent, warrant and guaranty 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 contained therein.

BY:	
TITLE:	
SIGNATURE	DATE
X	

BY:	
TITLE:	
SIGNATURE	DATE
X	

INDIVIDUAL NAME: <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CARDHOLDER	
SIGNATURE	DATE
X	

INDIVIDUAL NAME: <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CARDHOLDER	
SIGNATURE	DATE
X	

INDIVIDUAL NAME: <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CARDHOLDER	
SIGNATURE	DATE
X	

INDIVIDUAL NAME: <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CARDHOLDER	
SIGNATURE	DATE
X	



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

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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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
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STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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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
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STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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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
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STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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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.



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**NOTICES ADDENDUM TO
 COMMERCIAL LOAN APPLICATION**

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:

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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:

National Credit Union Administration, Office of Consumer Protection (OCP), Division of Consumer Compliance & Outreach (DCCO), 1775 Duke Street, Alexandria, VA 22314. Phone - (703) 518-1140; Fax - (703) 518-6672

STATE 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: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ Spouse's Address (if different) _____

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X _____

APPLICANT COPY - DETACH AND KEEP FOR YOUR RECORDS