



Commercial Equipment and Vehicle Loan Checklist

Thank you for choosing Florida Commerce Credit Union for your business lending needs! For your convenience, we have attached the forms you'll need to get your loan application started. Just complete, sign, and then fax them to (850) 921-2073 Attn: Commercial Services. Please provide the documents listed under the heading that best describes your request:

The amount of your request is less than \$20,000.00 and the total amount you owe Florida Commerce **will not exceed \$50,000.00:**

- Member Business Credit Application (included in this package)
- Personal Financial Statement for all guarantors and anyone who owns 20% or more of the business (included in this package, make copies if necessary)
- Business Debt Schedule (included in this package)
- Signed form **4506-T** (included in this package)
- Invoice for purchase (if applicable)

The amount of your request is \$20,000.00 or more or the total amount you owe Florida Commerce **will exceed \$50,000.00:**

- Member Business Credit Application (included in this package)
- Personal Financial Statement for all guarantors and anyone who owns 20% or more of the business (included in this package, make copies if necessary)
- Business Debt Schedule (included in this package)
- Signed form **4506-T** (included in this package)
- Invoice for purchase (if applicable)
- 2 years business tax returns
- 2 years personal tax returns for all guarantors
- Income Statement and Balance Sheet

If you should have questions about the attached documents, or any of the documents listed above, please feel free to call us at (850) 488-0035 extension 1611 or toll free 1-800-533-5772 extension 1611.

***Some loans may require additional documentation. We will contact you if other documents are required.**



Member Business Credit Application

Amount Requested: \$ _____ Term Requested: _____ Application for:

Loan Purpose: _____ Business Term Loan

Commercial Real Estate Loan

Collateral Description: _____ Market Value: _____ Business Line of Credit

1. _____ \$ _____ Other: _____

2. _____ \$ _____

Member Business Information

Legal Name of Member (Borrower)			
DBA (If Applicable)			Tax I.D. Number
Principal Place of Business Address (not P.O. Box)			
City	State	County	Zip
Mailing Address (if different)			
City	State	Zip	
Primary Contact Name		Business Telephone	Business Fax
Date Business Established	# of years under current ownership	State of Registration	Annual Sales \$
Describe Products/Services			Current Number of Employees
Type of Ownership (Select One) <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Professional Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non Profit			E-Mail Address
Does applicant have any open deposits or loan accounts with Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Share Draft Account with Credit Union	

Owner(s) Information

Full Legal Name	Social Security Number	Percentage of Ownership	Title Currently Held
		%	
		%	
		%	

For more than three owners attach additional sheet(s).

Account Disclosures

Name of Institution or Broker	Type of Account	Account Number	When Opened	Current Balance
Current Loans: Name of Lender	Rate	Collateral Description	Amount of Monthly Payment	Current Balance

For more than four loans use the Member Business Debt Schedule

Additional Information

- Has applicant ever obtained credit under another name? Yes No
- Is applicant liable for debts not shown, including any contingent liabilities such as leases, endorsements, guarantees, etc? Yes No
- Has applicant ever declared bankruptcy or had any judgments, garnishments, repossessions, or other legal proceedings filed against them? Yes No
- Is applicant currently a defendant in any suit or legal action? Yes No
- Are there any tax obligations, including payroll or real estates past due? Yes No
- Does any customer or supplier currently account for more than 20% of your business? Yes No

Signatures

The undersigned hereby instructs, consents and authorizes the **Credit Union**, and/or its agent(s), including, but not limited to **MBS LLC**, and **CU BUS LN** to obtain a credit report and any other information relating to their credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Credit Union by a commercial entity of which the undersigned is a principal, member, guarantor or other party; (b) thereafter, periodically according to the Credit Union's credit review and audit procedures, and (c) relating to Credit Union's review or collection of a loan, account, or other Credit Union product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party.

The undersigned certify everything stated on the front and back of this Member Business Credit Application and any other documents or information submitted in connection with this application true, accurate and complete. The undersigned understands that the Credit Union will retain this Member Business Credit Application. The undersigned hereby authorizes Credit Union to verify at any time any information submitted to Credit Union by or on behalf of the undersigned, obtain further information concerning the credit standing of the undersigned, including without limitation, credit and the exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to the Credit Union. The undersigned authorizes the Credit Union to consider this Member Business Credit Application and any other documents or information submitted with this application as a continuing statement of the financial condition until replaced by new financial information or until the undersigned specifically notifies the Credit Union in writing of any change in such financial condition.

Signature (Applicant)	Title	Print Name	Date
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Additional Requirements

Please provide the following information at the time of application: (Failure to provide a complete application package will reduce our ability to serve you in a timely manner.)

- Most recent two years Business Income Tax Returns with all schedules attached.
- If more than six months has elapsed since your fiscal year-end, a current interim business financial statement.
- Current Personal Financial Statement(s) from all principals/owners with **20% or more** ownership of the business.
- Two years most recent Personal Tax Returns from all principals/owners with **20% or more** ownership of the business, with all schedules attached.

- For Equipment/Vehicle Loans:**
- Copy of invoice/title (as applicable).
 - Copy of insurance policy.

- For Line of Credit Requests:**
- Current Accounts Receivable and Accounts Payable Aging.

- For Real Estate Secured Loans :**
- Copy of the most recent property tax assessment.
 - Copy of existing appraisal, if available.
 - Copy of survey. IF NOT ATTACHED DATE COMPLETED_____.
 - For Purchase Transactions, a copy of the purchase contract and a warranty deed.
 - For rental real estate, copy of any leases and current rent roll.

Other:





PERSONAL FINANCIAL STATEMENT

As of (date)

Applicant:	S/S#		B/Date:	
Co-Applicant:	S/S#		B/Date:	
Residence Address	Home Phone:			
City, State, & Zip Code	Work Ph:		E-Mail:	

Assets	<i>(Omit Cents)</i>	Liabilities and Net Worth	<i>(Omit Cents)</i>
Cash on hand and in Institutions—See Sch A	\$	Notes Payable: This CU—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See Schedule A	
Listed Securities—See Schedule B		Notes Payable—Relatives	
Unlisted Securities—See Schedule B		Notes Payable—Others	
Other Equity Interests—See Schedule B		Accounts and Bills Due	
Accounts and Notes Receivable		Unpaid Taxes	
Real Estate Owned—See Schedule C		Real Estate Mortgages Payable—See Schedule C or D	
Mortgages and Land Contracts Receivable—See Schedule D		Land Contracts Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Life Insurance Loans—See Schedule E	
Other Assets: Itemize		Other Liabilities: Itemize	
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

Sources of Income	<i>Applicant</i>	<i>Co-applicant</i>	General Information
Salary	\$	\$	Applicant's Employer
Bonus and Commissions			Position or Profession
Dividends			No. Years:
Real Estate Income			Employer's Address
			Phone No.
			Co-Applicant's Employer:
			Position or Profession
			No. Years:
			Employer's Address:
			Phone No.
*Other Income: Itemize			Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes
			If so, explain:
TOTAL	\$	\$	
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.			Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes
			If so, explain:
			Income taxes settled through (Date)

Contingent Liabilities	<i>(Omit Cents)</i>	General Information (continued)
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liab		Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
		Do you have a trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
TOTAL	\$	Number of dependents _____ Ages _____

Schedule A: Credit Unions, Brokers, Savings & Loan Association, Finance Companies or Banks. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
TOTAL			TOTAL			

Schedule B U.S. Gov, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), & Partnership Interests (General & Ltd.)

Description of securities	In Name of	*Market Value	Pledged	
			Yes	No
TOTAL				

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and related debt, if applicable)

Description of Property or Address	Title in Name Of	Date Acq.	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
TOTAL							

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

Description of Property or Address	Title in Name Of	Date Acquired.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
TOTAL							

Schedule E: Life Insurance Carried

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
TOTAL				

Each of the undersigned hereby instructs, consents and authorizes the **Credit Union**, and/or its agent(s), including, but not limited to **MBS LLC**, and **CU BUS LN** to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Credit Union by a commercial entity of which the undersigned is a principal, member, guarantor or other party; (b) thereafter, periodically according to the Credit Union's credit review and audit procedures, and (c) relating to Credit Union's review or collection of a loan, account, or other Credit Union product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party.

Each of the undersigned certify everything stated on the front and back of this Personal Financial Statement and any other documents or information submitted in connection with this Personal Financial Statement is true, accurate and complete. Each of the undersigned understand that Credit Union will retain this Personal Financial Statement. Each of the undersigned hereby authorize Credit Union to verify at any time any information submitted to Credit Union by or on behalf of the undersigned, obtain further information concerning the credit standing of the undersigned, including without limitation, credit and employment history; and exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to Credit Union. Each of the undersigned authorize Credit Union to consider this Personal Financial Statement as a continuing statement of financial condition until replaced by a new Personal Financial Statement or until the undersigned specifically notifies Credit Union in writing of any change in such financial condition.

In order to expedite this application and serve you better, it may be necessary for us and/or our agents to contact your accountant and/or insurance agent for additional personal or business information. Please indicate below your authorization by checking the boxes and providing the contact information.

Accountant/CPA Name: _____ Phone #: _____

Insurance agency Name: _____ Phone #: _____

Signature:	Date:
Signature:	Date:

(if joint assets co-applicant must sign)

BUSINESS DEBT SCHEDULE



**FLORIDA
COMMERCE**
CREDIT UNION

Committed to you.

COMPANY NAME _____

Date _____

This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities. (Same as most current Financial Statement Balance Sheet)

Creditor – Name	Present Balance *	Interest Rate	Monthly Payment	Maturity Date	COLLATERAL/SECURITY
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
Total					

**Total must agree with balance shown on interim balance sheet*

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.