



BUSINESS LOAN APPLICATION

Action One Financial Corp. requires financial information and documentation in addition to this application to review and underwrite a loan request. Supporting Information and documentation on the Business /Borrower and /or owners includes (but is not limited to) tax returns and/or financial statements on the business and personal guarantors.

Credit Request

Loan Type: Line of Credit Term Loan SBA 504 Commercial Construction Other: _____

Amount Requested: _____ **Loan Purpose:** _____

Collateral Type: Vehicle Equipment Machinery Real Estate Unsecured FF&E Cash Secured Other

Business Information

Business Legal Name or Owner's name if Sole Proprietorship: _____ Business Tax ID Number: _____ Doing Business As (if applicable): _____

Business Street Address (cannot be PO Box): _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Date Business Established: _____ Business Location: Own Lease Years: _____

Business Type: C-Corp S-Corp LLC PLLC Partnership Limited Partnership Trust Other

Primary Contact: _____ Primary Contact Phone Number: _____ Primary Contact Email: _____ # of Employees _____ State of Business: _____

Business Owner Information (Must be equal to 100%)

Name	Title	SSN / TIN	Home Address	% Ownership

Business Affiliate / Ownership Information (If Applicable)

Business entities with a 20% or more direct or indirect ownership interest of the business applicant must complete the following section

Business Legal Name or Owner's name if Sole Proprietorship: _____ Business Tax ID Number: _____ Doing Business As (if applicable): _____

Business Street Address (cannot be PO Box): _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Date Business Established: _____ Current Ownership Since: _____ Business Location: Own Lease Years: _____

Business Type: C Corp S-Corp LLC PLLC Partnership Limited Partnership Trust Other

Ownership Information

All owners with a 20% or more direct or indirect ownership interest of the business applicant must complete the following section

Owner #1	Name:		Primary Phone Number:		Social Security Number:		Date of Birth:	
	ID Type:	ID Number:		State Issued:		Date Issued:		Exp Date:
	_____% Ownership of Company							
	Home Street Address (Cannot be a PO Box):				City:		State:	

Ownership information (Continued)

Owner #2	Name:		Primary Phone Number:		Social Security Number:		Date of Birth:	
	ID Type:	ID Number:		State Issued:	Date Issued:		Exp Date:	
	____% Ownership of Company							
	Home Street Address (Cannot be a PO Box):				City:		State:	Zip:
Owner #3	Name:		Primary Phone Number:		Social Security Number:		Date of Birth:	
	ID Type:	ID Number:		State Issued:	Date Issued:		Exp Date:	
	____% Ownership of Company							
	Home Street Address (Cannot be a PO Box):				City:		State:	Zip:
Owner #4	Name:		Primary Phone Number:		Social Security Number:		Date of Birth:	
	ID Type:	ID Number:		State Issued:	Date Issued:		Exp Date:	
	____% Ownership of Company							
	Home Street Address (Cannot be a PO Box):				City:		State:	Zip:

Authorization and Agreement**Security Interest**

THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION. IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

Notice of Right to Request Specific Reasons for Credit Denial Given at Time of Application

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact Action One Financial Corp., 800 S. Barranca Avenue Suite 210 Covina, CA 91723 or call (626) 598-4640 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

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); or 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 the National Credit Union Administration, Office of Consumer Protection, Division of Consumer Compliance and Outreach, 1775 Duke St, Alexandria, VA 22314.

Loan Application Signatures

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement or credit card agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

Authorizes Action One Financial Corp. to obtain credit reports, including consumer credit reports, and other information about me, in connection with this application or in connection with updates, renewals, extensions or from time to time until any credit granted as a result of this application is repaid in full and the credit has matured, and I understand and agree that Action One Financial Corp. will obtain periodic follow-up credit reports on me from credit reporting agencies.

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

IMPORTANT NOTICE 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 me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

Applicant – Printed Name

Applicant – Signature

Date