



CFAB

P. O. Box 92070
Anchorage, Alaska 99509
(907) 276-2007
(907) 279-7913 (FAX)
1-800-544-2228 (Outside Anchorage)

COMMERCIAL LOAN APPLICATION INFORMATION

Below is a summary of CFAB's general requirements and practices. Most of them will be addressed in more detail during the processing of your loan application. CFAB loan officers are available to discuss any of them with you.

1. CFAB can lend money only to Alaska residents. In most cases this requires one year of residency.
2. CFAB is a cooperative which means it is owned by its customers. Each first-time borrower must purchase one share of membership stock (\$100). This provides voting and other ownership rights to the borrower.
3. In addition to the single share of membership stock, each borrower must make an investment in CFAB by purchasing Class B Preferred stock equal to two percent of the total loan or \$2,500 whichever is less!
4. In the case of a married borrower, it is usually required that the spouse be a co-signer on the loan.
5. **Accountant prepared or internally prepared financial statements may be substituted for the financial information requested in this application. Statements must be signed and dated.**
6. The information you provide to CFAB is very important, and CFAB will rely heavily on it. It is your responsibility to provide CFAB the most complete and accurate available to you.

CFAB
COMMERCIAL LOAN APPLICATION CHECKLIST

The following information is necessary to process your application in a timely manner. Please use this list to make sure all required information is submitted. **Please double check to see that all information is complete and signed where indicated.**

Information Required

- Loan Application
- Business Plan
- Articles of Incorporation and By-Laws (C-Corp) (if applicable)
- Certificate of Organization and Operating Agreement (LLC) (if applicable)
- Partnership Agreement (if applicable)
- Environmental Questionnaire (if applicable)
- Authorization Form – Attachment A
- Authorization Form – IRS – Attachment B
- Information for Account Verification and References – Attachment C
- A photocopy of each applicant's driver's license or state ID.
- Complete copies of Applicant, Co-Applicant and/or Guarantor's current financial statement (less than 90 days) and the most recent 3 years' tax returns. (If involved in a corporation or partnership, include those most recent 3 years' tax returns as well.)
- Sale or Purchase Agreement (if applicable)
- Loan Correspondent Authorization (if applicable)
- Additional supporting information. Provide explanations or copies of any supporting documentation which may help clarify your application (i.e. copies of bank statements, real estate tax statements, etc.)

Many kinds of loans involve additional requirements. A CFAB loan officer will advise you of any additional requirements after your application is received. You may also wish to call CFAB to discuss additional requirements before submitting your application.

Upon Completion, mail to: CFAB
Post Office Box 92070
Anchorage, Alaska 99509-2070

Or deliver to: 3040 Lakeshore Drive
Anchorage, Alaska 99517

SECTION I -- DETAIL OF LOAN REQUEST

Amount: \$ _____ for a term of: _____ years, in _____ payments.
(Annual, semi-annual, quarterly, monthly, etc.)

Loan Purpose: Explain in detail the purpose of your loan request (i.e. purchase of assets, operating capital, refinance existing debt etc.). Be sure to include purchase price and amount of proposed down payment if applicable.

Type of Business: _____

Proposed Collateral: Describe collateral; include Identification numbers for vessels, legal description, registration number or serial numbers.

Has Applicant or Co-Applicant ever applied for a CFAB loan before? Yes No If yes, approximately when? _____

SECTION II -- APPLICANT INFORMATION

Name of Applicant _____ SS # / or IRS Identification _____

Birth Date _____ Place of Birth _____

Residence Address _____ How Long? _____ Rent Own

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Residence Phone _____ Contact Phone _____ E-mail address _____

Married Unmarried (including single, divorced or widowed) Number of Dependents _____

Name of Spouse _____ SS # / or IRS Identification _____

Does she/he permanently live at your present address? Yes No If no, in what state does she/he live? _____

Co-Applicant Guarantor _____ SS # / or IRS identification _____

Birth Date _____ Place of Birth _____

Residence Address _____ OR, Address Same as Above?

City _____ State _____ Zip _____

Mailing Address _____ OR, Address Same as Above?

City _____ State _____ Zip _____

Residence Phone _____ Business or Contact Phone _____

Relationship to Applicant _____
(Spouse, Co-Borrower, Guarantor, etc.)

I CERTIFY that I/we have been an Alaskan resident for a continuous period of _____ year(s) immediately preceding this date and intend to remain an Alaska resident; and that the information contained in this application is true and correct to the best of his/her/their knowledge.

Applicant's Signature **X** _____ Date _____

Co-Applicant's Signature **X** _____ Date _____

SECTION III -- EMPLOYMENT

Applicant's Current Employer _____ Occupation _____

Address _____ Telephone _____

Gross Monthly Salary \$ _____ Date of Hire _____ Supervisor _____

If less than one year, name previous employer

Applicant's Previous Employer _____ Telephone _____

Address _____ Supervisor _____

Inclusive dates of employment from _____ to _____

Co-Applicant/Guarantor Employer _____ Occupation _____

Address _____ Telephone _____

Gross Monthly Salary \$ _____ Date of Hire _____ Supervisor _____

SECTION IV -- RESIDENCY

Applicant has been a resident of Alaska since: Month _____ Yr. _____ Co-Applicant/Guarantor: Month _____ Yr. _____

Is the Applicant licensed to drive in Alaska? Yes No ADL# _____

Is the Co-Applicant/Guarantor licensed to drive in Alaska? Yes No ADL# _____

Is Applicant licensed to drive in any other state? Yes No Co-Applicant/Guarantor? Yes No

Is Applicant registered to vote in Alaska? Yes No Co-Applicant/Guarantor? Yes No

Has Applicant received any Permanent Fund Dividend checks? Yes No Which Years? _____

Has Co-Applicant/Guarantor received any Permanent Fund Dividend checks? Yes No Which Years? _____

Does Applicant possess a resident Alaska sport fishing, hunting or trapping license? Yes No Co-Applicant? Yes No

Does either Applicant, Co-Applicant or Guarantor own an interest in residential real property in any other state? Yes No

If yes, specify _____

List three adults in Alaska who CFAB may contact to verify either Applicant, Co-Applicant or Guarantor's residency.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION V -- GENERAL INFORMATION

1. Have all required income tax returns been filed? _____ Any unpaid deficiencies? _____ Any returns under dispute? _____
 If yes, explain _____

2. Liability: Partnership Loans \$ _____ or for others as endorser or guarantor \$ _____
 as surety \$ _____ If yes, explain _____

3. Does Applicant, Co-Applicant, Guarantor or any business you are owners in, have any judgments, suits, or pending litigation outstanding?
 Yes No If yes, explain _____

4. Is Applicant, Co-Applicant or Guarantor obligated to pay child support? Yes No If yes,
 Amount You Owe: _____ Frequency of Payment _____ Are you current? Yes No

5. Have Applicant, Co-Applicant, Guarantor or any business any of you were owners in, ever filed bankruptcy? Yes No
 If yes, explain _____

6. List all transfer of property, including cash (by loan, gift, sale, etc.) that Applicant or Co-Applicant has made within the last three years.
 (List only those over \$5,000.)

Property Transferred	To Whom	Date	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

7. Is Applicant, Co-Applicant or Guarantor a beneficiary of an inheritance or trust, pending or established?
 Yes No If yes, explain _____

PERSONAL FINANCIAL STATEMENT

Applicant/Guarantor: _____ **Statement as of:** _____

ASSETS

Current Assets

- 1 Cash on Hand _____
- 2 Cash in Banks (see Schedule A) _____
- 3 Listed Stocks & Bonds (See Schedule B) _____
- 4 Notes and Accounts Receivable _____
(see Schedule C)
- 5 Other Current Assets (Specify) _____

6 TOTAL CURRENT ASSETS
(add lines 1 through 5) _____

Other Assets (Fixed)

- 7 Retirement Accounts _____
- 8 Notes and Accounts Receivable _____
(see Schedule C)
- 9 Unlisted Stocks/Bonds (See Schedule D) _____
- 10 Real Estate (see Schedule E) _____
- 11 Automobile _____
- 12 Automobile _____
- 13 Personal Property _____
- 14 Other (Specify) _____

- 15 Other (Specify) _____

- 16 Class "B" Preferred Stock _____

17 TOTAL FIXED ASSETS
(add lines 7 through 16) _____

18 TOTAL ASSETS
(add lines 6 and 17) _____

LIABILITIES

Current Liabilities (due in 12 months or less)

- 19 Real Estate (see Schedule E) _____
- 20 Other Notes Payable (see Schedule F) _____
- 21 Credit Cards Payable (see Schedule G) _____
- 22 Other Current Liabilities (specify) _____

23 TOTAL CURRENT LIABILITIES
(add lines 19 through 22) _____

Other Liabilities (Term)

- 24 Real Estate (see Schedule E) _____
- 25 Other Notes Payable (see Schedule F) _____
- 26 Credit Cards Payable (see Schedule G) _____
- 27 Other Long Term Liabilities _____

28 TOTAL LONG TERM
(add lines 24 through 27) _____

29 TOTAL LIABILITIES
(add lines 23 and 28) _____

30 NET WORTH
(subtract line 30 from line 18) _____

31 TOTAL LIABILITIES AND NET WORTH
(add lines 29 and 30 -- should equal
Total Assets) _____

The undersigned hereby certifies the information contained herein represents their full, true and correct financial condition as of the date stated. The undersigned also agrees to notify CFAB immediately of any materially unfavorable change in their financial condition. The undersigned hereby authorizes any financial institution to release credit information concerning them to CFAB.

Date _____

X _____
Signature

X _____
Signature

FINANCIAL STATEMENT WORKSHEET

Applicant: _____ **Date:** _____

A. Bank Accounts

Please list all accounts – checking, savings, credit unions, certificates of deposit, etc. Identify which accounts have restrictions such as IRA's, Keogh plans, etc.

	Name of Bank	Name(s) on Account	Account Number	Deposit Balance
1				\$
2				
3				
4				
Total				\$
				Line No. 2

B. Listed (readily salable) Stocks and Bonds

List here any investments such as stocks, bonds, mutual funds, etc., which can be sold on an exchange or over the counter; investments which you could definitely turn into cash within a few days.

	Name of Stocks/Bonds/Brokerage Firm (Acct. #)	Number of Shares	Market Value	
			per Share	Total
1				
2				
3				
4				
5				
Total				\$
				Line No. 3

C. Notes and Accounts Receivable

List here any amounts that are owed to you. If you are holding a note, put "N" beside the name. Under "payments due in 12 months," include both the principal and interest portions of the payment. But, under "payments due after 12 months," show only the principal balance portion of the loan(s).

	Name	Date Due	Payments Due	
			in 12 Mos.	after 12 Mos.
1			\$	\$
2				
3				
Totals			\$	\$
			Line No. 4	Line No. 8

D. Unlisted (not readily salable) Stocks and Bonds:

List here other stocks and bonds, those for which you might have to search to find a buyer. Do not list here investments which have limited transfer rights (such as CFAB stock or stock in an ANSCA corporation or stock in a corporation you have formed to carry on your own business) – those should be listed under "other assets" on the Financial Statement itself.

	Name of Stocks/Bonds/Brokerage Firm (Acct. #)	Number of Shares	Estimated Value	
			per share	Total
1				
2				
3				
4				
5				
Total				\$
				Line No. 9

E. Real Estate Owned

The following section requests information about real estate you own or in which you have an interest, and about the obligations related to those properties. Totals from three of the columns are to be transferred to the Financial Statement (lines 19, 24 and 10). Under "payments due in 12 months" include both the principal and interest portion of the payment. But under "payments due after 12 months," show only the principal portion of the loan(s).

	Description	Titleholder	Yr. Acquired	Original Cost
1				
2				
3				

	Lien Holder	Date of Lien	Int. Rate	Payments Due in 12 Mos.	after 12 Mos.	Market Value
1				\$	\$	\$
2						
3						
Totals				\$	\$	\$
				Line No. 19	Line No. 24	Line No. 10

F. Other Notes Payable

The following section requests information about any other notes that you may owe and about collateral related to those notes. Totals from the two columns are to be transferred to the Financial Statement (lines 20 and 25). Under "payments due in 12 months" include both the principal and interest portion of the payment. But under "payments due after 12 months," show only the principal portion of the loan(s).

	Name	Address	Purpose of Debt
1			
2			
3			
4			

	Collateral Description	Date of Lien	Int. Rate	Payments Due in 12 Mos.	after 12 Mos.
1				\$	\$
2					
3					
4					
Totals				\$	\$
				Line No. 20	Line No. 25

G. Credit Cards Payable

Totals from the two columns are to be transferred to the Financial Statement (lines 21 and 26).

	Issuing Bank or Company	Card Number	Monthly Payment	Payments Due in 12 Mos.	after 12 Mos.
1				\$	\$
2					
3					
4					
5					
6					
Totals				\$	\$
				Line No. 21	Line No. 26

If you need additional space to complete any section, attach additional sheets.

BUSINESS FINANCIAL STATEMENT

Applicant: _____

Statement as of: _____

ASSETS

Current Assets

Cash _____

Stocks/Bonds _____

Accounts Receivable _____

Allowance for bad debt (_____)

Inventory _____

Notes receivable (current) _____

Prepaid expenses: _____

LIABILITIES

Current Liabilities

Trade Payables _____

Notes Payable (Bank) _____

Notes Payable (Other) _____

Taxes Payable _____

Accrued Payroll _____

Current Portion - Long Term Debt _____

Other Current Liabilities _____

Total Current Assets _____

Total Current Liabilities _____

Fixed Assets

Buildings and Improvements _____

Land _____

Machinery and Equipment _____

Office Furniture and Equipment _____

Accumulated Depreciation (_____)

Notes Receivable (Term) _____

Other: _____

Long Term Liabilities

Long Term Debt (less current portion) _____

Deferred Taxes _____

Other Non-Current Liabilities: _____

Total Long Term Liabilities _____

Total Fixed Assets _____

Total Liabilities _____

Other Assets

Amortization _____

Organizational Costs _____

Goodwill _____

Other Intangibles _____

NET WORTH

Common Stock _____

Treasury Stock (_____)

Retained Earnings (Loss) _____

Dividends (_____)

Other: _____

Paid in Capital _____

Total Other Assets _____

Total Assets _____

Total Liabilities and Net Worth _____

The foregoing financial information is certified to be the true and correct financial condition as of the date stated.

Date: _____

By: _____

Its: _____

BUSINESS INCOME/EXPENSE HISTORY

Applicant _____

	Most Recent Year	Projection - One Year
Sales/Revenue	_____	_____
less: Returns, Allowances & Discounts	(_____)	(_____)
Net Sales/Revenue	_____	_____
Cost of Goods Sold	(_____)	(_____)
Gross Income/Revenue	\$ _____	\$ _____

EXPENSES

Wages and Salaries	_____	_____
Advertising	_____	_____
Lease and Rental Expense	_____	_____
Repairs and Maintenance	_____	_____
Taxes and Licenses	_____	_____
Insurance	_____	_____
Legal and Professional	_____	_____
Travel	_____	_____
Car and Truck Expense	_____	_____
Interest	_____	_____
Supplies	_____	_____
Depreciation	_____	_____
Amortization	_____	_____
General and Administrative Expense	_____	_____
Other Expenses:	_____	_____
_____	_____	_____
_____	_____	_____
Total Expenses	\$ _____	_____
Other income	_____	_____
Income Taxes	_____	_____
Net Profit	\$ _____	\$ _____
Dividend/Withdrawals	_____	_____

Personal and Living Expenses - Monthly ____ Annually ____

Food	_____	_____
Utilities (Water, sewer, elect., gas, fuel oil, tele., etc.)	_____	_____
Insurance (home, car, life, med., disability, etc.)	_____	_____
Medical Expenses	_____	_____
Child Support/Alimony	_____	_____
Rent	_____	_____
Other Purchases	_____	_____
Other Payments (not listed on financial statement)	_____	_____
_____	_____	_____
_____	_____	_____
Total Personal and Living Expenses	\$ <u>_____</u>	\$ <u>_____</u>

Additional Income (i.e. Permanent Fund, Wages, Interest Income, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Additional Income	
	\$ <u>_____</u>	

X _____
Signature

Date _____

X _____
Signature

Date _____

Alaska Commercial Fishing and Agriculture Bank (CFAB)

P. O. Box 92070
Anchorage, Alaska 99509
(907) 276-2007
(907) 279-7913 (FAX)
(800) 544-2228 (Outside Anchorage)

APPLICATION AUTHORIZATION

To Whom it May Concern:

I/We hereby authorize Alaska Commercial Fishing and Agriculture Bank (CFAB) to verify my past and present employment records, account records, stock holdings and any other information that is needed to process my loan application. I further authorize the lender to order a credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this will also serve as authorization.

Applicant

Co-Applicant

X

X

Signature

Signature

Print Name

Print Name

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Date

Date

ATTACHMENT A

Alaska Commercial Fishing and Agriculture Bank (CFAB)

P. O. 92070

Anchorage, Alaska 99509

(907) 276-2007

(907) 279-7913 (FAX)

(800) 544-2228 (Outside Anchorage)

Authorization to Request Federal Tax Information

All Applicants Must Complete This Form

I/We hereby authorize Alaska Commercial Fishing and Agriculture Bank (CFAB) to obtain return information from the Internal Revenue Service concerning my/our federal tax returns for the tax years _____ from any/all filing centers. The following information may be released by the Internal Revenue Service to Alaska Commercial Fishing and Agriculture Bank (CFAB).

- Whether I am/we are currently in compliance with federal individual income tax filing requirements.
- Whether I/we have failed to file individual income tax returns for which returns are currently due.
- Whether Notices of Federal Tax Liens have been filed against me/us in any recording district.
- Whether I/we currently have a formal payment arrangement for any amounts owed to the IRS.
- The amount of any currently outstanding balance due, whether or not secured by any recorded Notice of Federal Tax Lien.

Applicant

Co-Applicant

X

X

Signature

Signature

Name (Please Print)

Name (Please Print)

Address

Address

City, State, Zip

City, State, Zip

Social Security Number

Social Security Number

Date

Date

REPLY (To Be Completed by the IRS)

- Federal Tax Arrearage: Years: _____ Amount: _____
- Notice(s) of **Federal Tax Lien** Recorded: District: _____ State: _____
Lien Tax Years: _____ Balance Due: _____
- Federal Tax Lien(s) may be released for payment of : \$ _____ by _____
- No recorded Notice of Federal Tax liens against the above taxpayer(s) have been located.
- Taxpayer has not filed for the following years: _____
- Taxpayer is in compliance with federal income tax filing requirements.

FOR INTERNAL REVENUE SERVICE: _____
Title: _____
Date: _____

ATTACHMENT B

Authorization to Verify Child Support Information

Date: _____

Faxed: _____

To: **Child Support Services Division
State of Alaska**

From: **Alaska Commercial Fishing and
Agriculture Bank (CFAB)**

P. O. Box 92070
Anchorage, Alaska 99509
Tel: 907-276-2007
Fax: 907-279-7913

Attn: _____

I (We) grant permission to disclose the amount of my (our) **obligation(s)** to the Alaska Commercial Fishing and Agriculture Bank (CFAB).

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

Address: _____

X _____
Signature

X _____
Signature

REPLY (To be Completed by CSSD)

Child Support Information (Check box if applicable):

1. No record
2. Monthly child support **Obligation** amount: _____
3. Arrearage Amount: _____
 - a. Arrearage subject to approved repayment schedule
 - b. Payment amount: _____ (in addition to 2).
 - c. Payment current under approved repayment schedule
4. Lien File: Amount: _____ Date: _____
Recording District: _____

Comments: _____

Information verified by: _____ Date _____
Alaska Child Support Services Division

ATTACHMENT C

INFORMATION FOR ACCOUNT VERIFICATION AND REFERENCES

Financial Accounts. Please list information requested for all institutions you have a depository or loan account with. (Example: Banks, Credit Unions, IRA's, Savings, Checking, Mortgage, Mortgage Lenders, etc.) Add a second sheet if necessary.

1. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

2. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

3. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

4. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

5. Name of Institution _____
 Address _____
Mailing City State Zip
 Type of Account _____ Account Number _____
(Checking, Savings, Mortgage, Commercial/Personal Loan, etc.)

Trade References. Please list four persons/firms, at least one of which should be a processor, with whom you conduct business. (Example: Ship Chandlers, welders, engine suppliers/service, electronic sales and service, etc.)

a. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____

b. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____

c. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____

d. Name of Company _____
 Address _____
Mailing City State Zip
 Contact Person _____ Telephone _____