



BUSINESS LOAN APPLICATION CHECKLIST

Submit the following documents to: businesslending@tccu-tx.com

GENERAL DOCUMENTS TO GET STARTED:

- Signed Business Loan Application (attached)
- Personal Financial Statement for each guarantor, complete and signed (attached)
- Business Debt Schedule
- Last 2 years business tax returns, including K-1 Schedules, and audited financial statements
- Last 2 years personal tax returns with all schedules for each guarantor

Term Loans & Secured Lines of Credit

- Detailed purchase agreement or invoice for equipment or vehicle to be purchased (Year, Make, Model, options, mileage and/or hours used)
- Detailed equipment list with year, make, model, options, mileage and/or hours used
- Detailed list of Accounts Receivable

What you can expect:

A loan officer will contact you within one business day after we receive your application to discuss your request. TCCU will attempt to make the decision on the forms you supplied; however, it is possible that additional information may be required. Incomplete or unsigned applications may delay your request.

Can TCCU contact you via text messaging?

Yes (include the phone number here) _____

No

Preferred method of contact: _____



200 Taylor Street, Ste 215
 Fort Worth, Texas 76196
 817.884.1470 | tccu-tx.com

Business Loan Application

Dated: _____ Lender: _____

NOTICE TO APPLICANT: IF YOU ARE MARRIED YOU MAY APPLY FOR A SEPARATE ACCOUNT.

IMPORTANT INFORMATION ABOUT 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.

JOINT CREDIT: The applicants intend to apply for joint credit. (Please initial) _____

LOAN REQUEST

ACCOUNT NUMBER:
 APPLICATION TYPE: New Renewal/Change Other:
 TYPE Line of Credit Term Loan Commercial Real Estate Credit Card Other:

APPLICANT INFORMATION

| | | | |
|--|------------|---|--|
| FULL LEGAL BUSINESS NAME (Or Individual Name If Proprietor or Single Member LLC.) | | | |
| ADDRESS | | MAILING ADDRESS (If Different From Address) | |
| DBA OR ASSUMED NAME (If Applicable) | | DISREGARDED ENTITY NAME (If Applicable) | |
| TELEPHONE NUMBER | CELL PHONE | TAX ID NUMBER | DATE ESTABLISHED |
| TYPE OF ORGANIZATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company ("LLC") <input type="checkbox"/> Organization/Association | | STATE WHERE ORGANIZED | DATE OF BIRTH, (If Individ., Sole Prop, or Single Member LLC.) |

GUARANTORS / AUTHORIZED REPRESENTATIVE(S)

| | | | |
|--|--|------------------|-------------------------------|
| NAME OF GUARANTOR 1 | | TELEPHONE NUMBER | SOCIAL SECURITY/TAX ID NUMBER |
| HOME ADDRESS | | DATE OF BIRTH | TITLE/POSITION |
| | | % OF OWNERSHIP % | |
| <input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed | | | |
| AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.) | | | |
| Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried | | | |
| NAME OF GUARANTOR 2 | | TELEPHONE NUMBER | SOCIAL SECURITY/TAX ID NUMBER |
| HOME ADDRESS | | DATE OF BIRTH | TITLE/POSITION |
| | | % OF OWNERSHIP % | |
| <input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed | | | |
| AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.) | | | |
| Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried | | | |
| NAME OF GUARANTOR 3 | | TELEPHONE NUMBER | SOCIAL SECURITY/TAX ID NUMBER |
| HOME ADDRESS | | DATE OF BIRTH | TITLE/POSITION |
| | | % OF OWNERSHIP % | |
| <input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed | | | |
| AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.) | | | |
| Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried | | | |
| NAME OF GUARANTOR 4 | | TELEPHONE NUMBER | SOCIAL SECURITY/TAX ID NUMBER |
| HOME ADDRESS | | DATE OF BIRTH | TITLE/POSITION |
| | | % OF OWNERSHIP % | |
| <input type="checkbox"/> Personal Financial Statement Enclosed <input type="checkbox"/> Personal Credit Report Enclosed | | | |
| AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, party will sign as both an Authorized Representative and Guarantor.) | | | |
| Complete for Secured Credit or if you reside in a Community Property State (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried | | | |

| | |
|--------|---------|
| Dated: | Lender: |
|--------|---------|

AUTHORIZED REPRESENTATIVE(S) FOR BUSINESS ENTITY

This section is used to identify any additional Authorized Representatives who are not Guarantors, but who have designated authority to act on behalf of the business entity and who have been granted such authority in the Authorization Designation for the member business entity.

| | |
|-------------------------------------|------------------------------------|
| NAME OF AUTHORIZED REPRESENTATIVE 1 | TITLE/POSITION |
| HOME ADDRESS | OWNERSHIP PERCENTAGE (If Any) % |
| | DATE OF BIRTH |
| NAME OF AUTHORIZED REPRESENTATIVE 2 | TITLE/POSITION |
| HOME ADDRESS | OWNERSHIP PERCENTAGE (If Any) % |
| | DATE OF BIRTH |
| NAME OF AUTHORIZED REPRESENTATIVE 3 | TITLE/POSITION |
| HOME ADDRESS | OWNERSHIP PERCENTAGE (If Any) % |
| | DATE OF BIRTH |
| NAME OF AUTHORIZED REPRESENTATIVE 4 | TITLE/POSITION |
| HOME ADDRESS | OWNERSHIP PERCENTAGE (If Any) % |
| | DATE OF BIRTH |

TYPE(S) OF LOAN(S) / CREDIT LIMIT REQUESTED

| | | |
|----------|--------------|-------------------|
| A | AMOUNT \$ | REPAYMENT PROGRAM |
| | | PURPOSE |
| B | AMOUNT \$ | REPAYMENT PROGRAM |
| | | PURPOSE |
| C | AMOUNT \$ | REPAYMENT PROGRAM |
| | | PURPOSE |

COLLATERAL OFFERED BY APPLICANT OR GUARANTOR(S)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Farm Products | <input type="checkbox"/> Cross Collateral |
| <input type="checkbox"/> Inventory | <input type="checkbox"/> Equipment | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> All Assets | <input type="checkbox"/> General Intangibles | <input type="checkbox"/> Leases and Rents | |
| <input type="checkbox"/> Titled Vehicles | <input type="checkbox"/> Investment Property | <input type="checkbox"/> Fixtures | |
| <input type="checkbox"/> Deposit Accounts | <input type="checkbox"/> Chattel Paper | <input type="checkbox"/> Instruments | |

LOAN SECURITY (Leave this section blank for unsecured credit requests)

| | | |
|-------------------------|-------------------------------------|-------------|
| COLLATERAL DESCRIPTION: | | |
| VALUE OF COLLATERAL | AMOUNT OF LIEN(S)/SECURITY INTEREST | STATE FILED |
| REAL PROPERTY ADDRESS | COLLATERAL ADDRESS | |
| COLLATERAL OWNER | ASSESSED VALUE \$ | |
| NUMBER OF UNITS | YEAR BUILT | |
| INSURANCE POLICY NUMBER | COVERAGE AMOUNT \$ | |
| INSURANCE COMPANY | AGENT NAME | |
| AGENT TELEPHONE NUMBER | | |

| | |
|--------|---------|
| Dated: | Lender: |
|--------|---------|

STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to Ohio Residents: 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.

Notice to Wisconsin Residents (Individual/Sole Prop/Single Member Borrowers and Guarantors. Not applicable to Authorized Representatives): (1) 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 Lender unless the Lender 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. (2) 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 |
| X | (Seal) |

| | |
|--|--------|
| Signature for Wisconsin Residents Only | Date |
| X | (Seal) |

| | |
|--|--------|
| Signature for Wisconsin Residents Only | Date |
| X | (Seal) |

| | |
|--|--------|
| Signature for Wisconsin Residents Only | Date |
| X | (Seal) |

EQUAL CREDIT OPPORTUNITY ACT

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, or age (provided that 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 checked below:

- Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552**
- National Credit Union Administration, Office of Consumer Financial Protection, 1775 Duke Street, Alexandria, VA 22314**
- Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580**

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact the Lender identified below 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.

Lender:

Address:

Lender Phone Number:

- If checked, phone number above is Toll-free.

CREDIT MONITORING

**The Following section applies to Credit Card Applications only.
PLEASE READ THE FOLLOWING CAREFULLY:**

Each person listed as an authorized representative ("Authorized Representative") is authorized to act on behalf of the applicant listed above (the "Applicant") in submitting this application, requesting the issuance of a credit card to Applicant, requesting additional cards, adding or removing authorized users, requesting changes to any credit limits, and otherwise acting on behalf of Applicant with Lender on all matters related to the credit card account being requested herein.

Terms and Conditions:

PLEASE READ THE FOLLOWING CAREFULLY:

By executing and submitting this application ("Application"), the Applicant is requesting that Lender establish a credit card account ("Account") and issue a credit card ("Card") to any authorized user(s) designated by Applicant. If this Application is approved, the Account and any Card issued therewith shall be subject to and the Applicant agrees to be bound by the terms and conditions of this Application and the Business Credit Card Agreement, as amended from time to time ("Agreement"), copies of which shall be provided to the Applicant upon the opening of the Account. Lender is authorized to obtain credit reports and any other information from any credit reporting agencies and other sources for the purpose of reviewing and evaluating this Application, determining whether to issue the Account, verifying information provided to Lender, and for any other purposes or uses permitted or provided for in the Agreement or by law. Applicant understands that Lender has the right to deny the request made in this Application entirely or to offer Applicant a lower line of credit than requested herein. If Applicant is approved for an Account, a specific aggregate credit limit will be assigned to Applicant as determined by Lender in its sole and absolute discretion. Applicant acknowledges and understands that any benefit, reward, service or feature offered in connection with the Account may change or be discontinued at any time for any reason, except as otherwise expressly provided. Applicant agrees that the Account and any Cards shall be used solely for business or commercial purposes. To the extent that there is ever any disagreement between the terms of this Application and the Agreement, the Agreement shall control.

Certification of Authority to Apply

By signing and submitting this Application, each of the undersigned, individually and on behalf of the Applicant, has read, understands, acknowledges, and agrees to all of the terms and conditions of this Application and hereby represents, warrants, certifies, and agrees as follows: (a) each Authorized Representative is duly authorized and appointed to act on behalf of the Applicant in accordance with applicable law; (b) each Authorized Representative is authorized and appointed to represent, bind, and act on behalf of the Applicant with respect to all matters involving this Application and the Account for which Applicant is applying, which includes, without limitation, the authority on behalf of Applicant to: (i) sign and submit this Application; (ii) borrow money and obtain credit from Lender; (iii) designate, appoint, or remove any authorized user; (iv) execute and deliver any agreements or documents relating to the Account; (v) mortgage, pledge, transfer, endorse, hypothecate, or otherwise encumber any property of Applicant as security for any obligations of Applicant to Lender; (vi) each authorized user is entitled to obtain and use a Card in accordance with the terms of this Application and the Agreement; (c) all information and documents provided with this Application are true, correct, and complete in all respects; and (d) all covenants, representations, warranties, statements, acknowledgments, and agreements made in this Application are true, correct, and complete.

The information contained in this application is provided for the purpose of obtaining business (non-consumer) credit with the Lender on behalf of the undersigned. It is understood Lender will rely on the information provided in making its credit decision. The undersigned warrants and represents the information herein submitted is true and correct in all respects and Lender may consider this representation continuing until written notice to the contrary is received by the Lender from the undersigned. The undersigned further certify they are duly authorized to apply for the extension of credit on behalf of the applicant and bind the applicant to the terms of the credit. The Lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the Applicant's credit standing, or the credit standing of any general partner, LLC member/manager, owner, officer, or director acting as a personal Guarantor in connection with this credit request. Lender is authorized to obtain credit reports and any other information from any credit reporting agency and other sources for the purpose of reviewing this Application for credit, verifying information provided to Lender, and for any other purposes or uses as permitted by law. Applicant understands that Lender has the right to deny the request made in this Application entirely or to offer Applicant alternative credit amount(s) and/or term(s) than Applicant requested herein. Lender is hereby authorized to share the information provided by the undersigned with third parties in connection with obtaining credit, including for purposes of underwriting this credit request as reasonably necessary. Lender may retain any information received in relation to this application.

Beneficial ownership authorization and consent: Each applicant hereunder specifically consents and authorizes FinCEN to disclose applicant's beneficial ownership information to Lender for use in accordance and for compliance with applicable law.

| | | | |
|---|----------------|---|----------------|
| Authorized Representative Signature X | Date (Seal) | Authorized Representative Signature X | Date (Seal) |
| Authorized Representative Signature X | Date (Seal) | Authorized Representative Signature X | Date (Seal) |
| Guarantor Signature X | Date (Seal) | Guarantor Signature X | Date (Seal) |
| Guarantor Signature X | Date (Seal) | Guarantor Signature X | Date (Seal) |

Dated: _____ Lender: _____

LENDER USE ONLY

VERIFICATION COMPLETION DATE _____ BY _____

GOVERNMENT LIST(S) CHECKED: Treasury Cip List OFAC Other:
 DESCRIBE ADDITIONAL DATA COLLECTED PURSUANT TO THE CREDIT UNION'S CIP:

REPORTING REQUIREMENTS: Monthly Accounts Receivable Agings Monthly Inventory Reports
 Annual Financial Statement Interim Financial Statements – Type:

COLLATERAL APPRAISAL: VALUE: _____ Appraisal Attached To This Application

EXISTING RELATIONSHIP

CREDIT LINE USAGE HISTORY HIGH \$ _____ LOW \$ _____ AVERAGE \$ _____

LOAN AND OVERDRAFT EXPERIENCE Excellent Satisfactory Review

LOAN DETAIL

| TYPE | AMOUNT/LIMIT | MATURITY/EXPIRATION DATE | RATE | CLOSING FEE (If Applicable) |
|------|--------------|--------------------------|------|-----------------------------|
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |

LOAN OFFICER COMMENTS:

DATE: Approved Declined Counter-Offer DATE ADVERSE ACTION SENT:

REASON(S):

DISBURSEMENT NUMBER

| | CHECK NUMBER | AMOUNT | PAYABLE TO |
|-----|--------------|--------|------------|
| (1) | | \$ | |
| (2) | | \$ | |
| (3) | | \$ | |

Credit Committee or Loan Officer Signatures

| |
|----------|
| Date |
| X |
| (Seal) |

| |
|----------|
| Date |
| X |
| (Seal) |

| | |
|---|---|
| Dated: | Lender: |
| CERTIFICATION OF BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS | FINANCIAL INSTITUTION – NAME AND ADDRESS |
| <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Recertification (only complete Section III) EFFECTIVE DATE OF CHANGE: | |
| BENEFICIAL OWNER INFORMATION | |
| <input type="checkbox"/> This account is exempt from the beneficial ownership requirements. <input type="checkbox"/> This entity is excluded from the definition of legal entity customer. <input type="checkbox"/> This is a non-profit entity. (If yes, then the beneficial owner data in paragraph (c) below is not required.) | |
| I. GENERAL INSTRUCTIONS | |
| WHAT IS THIS FORM? | |
| <p>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 members. 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.</p> | |
| WHO HAS TO COMPLETE THIS FORM? | |
| <p>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.</p> <p>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.</p> | |
| WHAT INFORMATION DO I HAVE TO PROVIDE? | |
| <p>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):</p> <ul style="list-style-type: none"> (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity member (e.g., each natural person that owns 25 percent or more of the shares of a corporation); <u>and</u> (ii) An individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). <p>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)).</p> <p>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.</p> | |

CONTINUE TO THE FOLLOWING PAGE

| | | |
|--|--|--|
| Dated: | Lender: | |
| ACCOUNT NUMBER: | | |
| II. 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 | |
| b. Name, Type and Address of Legal Entity for Which the Account is Being Opened: | | |
| NAME | TYPE | ADDRESS |
| 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. | | |
| <input type="checkbox"/> 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: | | |
| <ul style="list-style-type: none"> • 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. I also agree, on behalf of the Legal Entity identified above, that the Lender will be notified of any change in such information. | |
| Signature Date | (Seal) |

CONTINUE TO THE FOLLOWING PAGE

| | |
|--------|---------|
| Dated: | Lender: |
|--------|---------|

III. COMPLETE THE BELOW SECTION IF THIS IS A RE-CERTIFICATION ONLY AND IS NOT A NEW CERTIFICATION OR A MODIFICATION TO THE BENEFICIAL OWNERSHIP(S) OF THE LEGAL ENTITY.

RE-CERTIFICATION OF BENEFICIAL OWNER INFORMATION

By signing below, I, _____, acknowledge and certify to the best of my knowledge, that no information has changed to the Certified Beneficial Owner Information previously certified for on _____ and I further acknowledge that it is complete and correct. I agree to notify the financial institution of any changes to the certified beneficial ownership information of the legal entity as soon as practicable and in a form and manner acceptable to the financial institution.

| | |
|-----------|--------|
| Signature | Date |
| X | (Seal) |



200 Taylor Street, Ste 215
 Fort Worth, Texas 76196
 817.884.1470 | tccu-tx.com

Financial Statement

| | | | |
|---|--------------------------------|---------------------------------|----------------------|
| LENDER: | | | |
| <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER: | | | |
| BUSINESS/ORGANIZATION NAME | | INDIVIDUAL NAME (If Applicable) | |
| ACCOUNT NUMBER | TAX ID NUMBER | DATE OF BIRTH (If Applicable) | ADDRESS |
| BUSINESS PHONE | CELL PHONE | EMAIL ADDRESS | |
| OCCUPATION (If Applicable) | TITLE/POSITION (If Applicable) | | LENGTH OF EMPLOYMENT |
| Complete the following personal information section below about your spouse and incorporate your spouse's information in this Financial Statement ("Statement") if: <ol style="list-style-type: none"> You are applying for credit jointly with your spouse; You are providing this Statement to support previously extended joint credit with your spouse; You are relying on your spouse's income as a basis for repayment; or You live in, or the property pledged as collateral is located in, a community/marital property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI). | | | |
| INDIVIDUAL NAME | | ACCOUNT NUMBER | DATE COMPLETED |
| TAX ID NUMBER | DATE OF BIRTH | ADDRESS | |
| BUSINESS PHONE | CELL PHONE | EMAIL ADDRESS | |
| OCCUPATION (If Applicable) | TITLE/POSITION (If Applicable) | | LENGTH OF EMPLOYMENT |

Complete sections 1, 2, and 3 of the Financial Statement if individual income or assets of an individual entity associated with the business applicant are to be evaluated as part of the credit request.

SECTION 1 - STATEMENT OF FINANCIAL CONDITION AS OF:

| Assets | In Dollars | Liabilities | Original Balances | Present Balance | Monthly Payment |
|---|------------|--|-------------------|-----------------|-----------------|
| Deposits in Financial Institution(s) - See Schedule A | \$ | Loans Payable to Financial Institutions - See Schedule H | \$ | \$ | \$ |
| U.S. Government & Marketable Securities - See Schedule B | \$ | Real Estate Mortgages - See Schedule D | \$ | \$ | \$ |
| Securities - See Schedule C | \$ | Unpaid Income Taxes | \$ | \$ | \$ |
| Accounts, Loans, and Notes Receivable | \$ | Other Unpaid Taxes and Interest | \$ | \$ | \$ |
| Real Estate Owned - See Schedule D | \$ | Life Insurance Policy Loans | \$ | \$ | \$ |
| Motor Vehicles, Machinery, and Equipment | \$ | Credit Cards and Other Accounts Payable | \$ | \$ | \$ |
| Other Personal Property | \$ | Loans on Motor Vehicles, Machinery, and Equipment | \$ | \$ | \$ |
| Cash Value of Life Insurance - See Schedule E | \$ | | \$ | \$ | \$ |
| Vested Interest in Pension/Retirement Accounts - See Schedule F | \$ | | \$ | \$ | \$ |
| Other Assets - See Schedule G | \$ | | \$ | \$ | \$ |
| | \$ | | \$ | \$ | \$ |
| | \$ | Total Liabilities and Monthly Payments | \$ | \$ | \$ |
| | \$ | Net Worth (Assets - Liabilities) | \$ | \$ | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES AND NET WORTH | \$ | \$ | \$ |

SECTION 2 - LIABILITIES

| Are you or do you have: | | | Amount (Est.) |
|---|------------------------------|-----------------------------|---------------|
| Contingent liabilities as endorser? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| A co-borrower or guarantor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| A lease or contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Involved in pending legal actions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Contested income tax liens? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Assets pledged on other loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Other contingent liabilities? If yes, please explain: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Total Contingent Liabilities | | | \$ |
| Do you have any debts past due? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Have you ever had any motor vehicles, furniture, or other property repossessed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Have you ever filed bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If you have indicated "yes" for any of the above questions, please explain | | | |

SECTION 3 – INCOME (Alimony, child support, or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit.)

| | |
|---|----|
| Base Salary Per Year | \$ |
| Bonus and Commissions | \$ |
| Dividends and Interest Income | \$ |
| Real Estate | \$ |
| Other Income – Itemize in a Separate Document | \$ |
| Proprietorship (attach Income Statement) | \$ |
| TOTAL | \$ |

Complete sections 4, and 5, of this Financial Statement for business entities (individual or non-individual) whose assets or income is to be evaluated for extension of credit.

SECTION 4 – BUSINESS BALANCE SHEET

| Assets | | Liabilities And Owner's Equity | |
|---|----|---|----|
| Cash (Liquid on hand and on Deposit) | \$ | Notes Payable: Banks | \$ |
| Petty Cash | \$ | Notes Payable: Others | \$ |
| Listed Securities (Schedule A) | \$ | Current Portion: Long Term Debt | \$ |
| Accounts and Notes Receivable: | | Accounts Payable | \$ |
| Accounts: Current | \$ | Dividends Payable | \$ |
| Accounts: Past Due (Over 90 Days) | \$ | Reserve for Federal Taxes | \$ |
| Notes | \$ | Accrued Expenses | \$ |
| Prepaid Expenses | \$ | | \$ |
| TOTAL | \$ | | \$ |
| Less Reserve for Doubtful Accounts | \$ | | \$ |
| Inventory: | | | \$ |
| Raw Materials | \$ | Loans on Life Insurance | \$ |
| Work in Process | \$ | TOTAL CURRENT LIABILITIES | \$ |
| Finish Stock | \$ | Bonded Debt | \$ |
| Life Insurance: Cash Surrender Value | \$ | Mortgage Payable | \$ |
| TOTAL CURRENT ASSETS | \$ | Long Term Debt | \$ |
| Land and Buildings (Schedule B): | | | \$ |
| Land | \$ | | \$ |
| Buildings | \$ | | \$ |
| Less Depreciation | \$ | | \$ |
| Machinery and Equipment | \$ | TOTAL LIABILITIES | \$ |
| Less Accumulated Depreciation | \$ | Capital Stock: Common | \$ |
| Receivables: Officers & Employees (Schedule D) | \$ | Additional Capital Contributed | \$ |
| Unlisted Securities (Schedule A) | \$ | Retained Earnings | \$ |
| Due from Subsidiaries & Affiliates (Schedule D) | \$ | Accumulated other comprehensive income | \$ |
| | \$ | Less: Treasury stock | \$ |
| | \$ | | \$ |
| | \$ | TOTAL OWNER'S EQUITY | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES AND OWNER'S EQUITY | \$ |

Are your books audited by a CPA? Yes No Audited by: _____ Date of Last Audit: _____

Inventories Above Are: Actual Estimated Inventoried By: _____ Date of Inventory: _____

Is this a sub chapter "S" Corporation? Yes No Rate of Depreciation Charged Against Buildings: _____ % Rate of Depreciation Charged Against Machinery and Equipment: _____ %

Are Any of Your Assets Pledged as Collateral for Loans, Advances or Other Liabilities? Yes No

State Details (If yes is selected above, include description of property, name of creditor, original amount of credit, amount owing)

SECTION 5 - BUSINESS PROFIT AND LOSS STATEMENT

| FROM | TO |
|--|------------------------------------|
| Net Sales for Period | \$ |
| Less Cost of Goods Sold | \$ |
| Gross Profit | \$ |
| Expenses: | |
| Salaries: Officers | \$ |
| Salaries: Employees | \$ |
| Taxes (excl. Income Tax) | \$ |
| Bad Debts | \$ |
| Depreciation | \$ |
| Other Expenses | \$ |
| Net Profit or Loss from Operations | \$ |
| Other Income from Business | \$ |
| Net Profit or Loss (Before Income Tax) | \$ |
| Income Tax | \$ |
| Net Profit or Loss | \$ |
| CONTINGENT LIABILITIES | |
| Discounted Notes Receivable \$ | Notes Exchanged with Others \$ |
| Accommodation Paper \$ | Actual or Threatened Litigation \$ |
| Endorsements for Others \$ | As Guarantor or Bondsman \$ |
| Leases \$ | Other Than Specified \$ |

SECTION 6 – EXISTING RELATIONSHIP SUMMARY (Section applies to all individual and non-individual entities and should be filled out by the Lender as applicable)

| Account Established | Applicant | Related Principals (Guarantors, Authorized Persons, etc.) | Total |
|--|-------------|--|-------|
| Checking Account Balances | \$ | \$ | \$ |
| Savings, Time and Certificate Balances | \$ | \$ | \$ |
| General Loan Balance | Committed | \$ | \$ |
| | Outstanding | \$ | \$ |
| Installment Loan Balances | Committed | \$ | \$ |
| | Outstanding | \$ | \$ |
| Mortgage Loan Balance | \$ | \$ | \$ |
| Open Letters of Credit | \$ | \$ | \$ |
| INSURANCE CARRIED | | | |
| Plant and Equipment Insurance | \$ | Life Insurance Payable To: \$ | |
| Merchandise Insurance | \$ | Liability Insurance | \$ |
| Use and occupancy Insurance | \$ | Liability Insurance | \$ |

SIGNATURES

By signing or otherwise authenticating below:

The information contained in this application is provided for the purpose of obtaining business (non-consumer) credit with the lender on behalf of the undersigned. It is understood lender will rely on any information provided herein, other financial statements as provided by associated parties in connection with the credit request, or any other supporting financial documents as requested by lender in furtherance of making a credit determination. The undersigned warrants and represents the information herein submitted is true and correct in all respects and lender may consider this representation continuing until written notice to the contrary is received by the lender from the undersigned. The undersigned further certifies they are duly authorized to apply for the extension of credit on behalf of the applicant and bind the applicant to the terms of the credit. The lender is authorized to make all inquiries it deems necessary to verify the accuracy of the statements herein made, or in its discretion, to further determine the applicant's credit standing, or the credit standing of any general partner, LLC member/manager, owner, officer, or director acting as a personal guarantor in connection with this credit request. Lender is authorized to obtain credit reports and any other information from any credit reporting agency and other sources for the purpose of reviewing the application associated with this financial statement for credit, verifying information provided to lender, and for any other purposes or uses as permitted by law. Applicant understands that lender has the right to deny the request made by any applicant entirely or to offer applicant alternative credit amount(s) and/or term(s) than applicant requested herein. Lender is hereby authorized to share the information provided by the undersigned with third parties in connection with obtaining credit, including for purposes of underwriting this credit request as reasonably necessary. Lender is further authorized to answer any questions from third parties concerning the undersigned's experience with the lender.

The undersigned party(s) agree that any additional requested documentation that accompanies this Financial Statement is complete and correct and that it is incorporated as part of this Financial Statement.

| | |
|-----------|--------|
| Signature | Date |
| X | (Seal) |

Name (print):

Title:

| | |
|-----------|--------|
| Signature | Date |
| X | (Seal) |

Name (print):

Title:

SCHEDULES TO FINANCIAL STATEMENTS

Schedule A - Deposits in Financial Institution(s)

| Name | Account Number | Type of Account | Amount Available |
|------|----------------|-----------------|------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | Total | \$ |

Schedule B - US Government Bonds and Other Marketable Stocks and Bonds

| Number of Shares or Face Value of Bonds | Description | In Name Of | Are These Pledged / held by Other(s)? | Market Value Today | Source of Value |
|---|-------------|------------|---------------------------------------|--------------------|-----------------|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | Total | \$ |

Schedule C - Other Securities

| Description | In Name Of | Value Today |
|-------------|------------|-------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | Total |

Schedule D - Real Estate Owned

| Address & Type of Property | Title in Name of | % of Ownership | Market Value | Mortgage Amount | Monthly Payment | With Whom | Annual Insurance |
|----------------------------|------------------|----------------|--------------|-----------------|-----------------|-----------|------------------|
| | | | \$ | \$ | \$ | | \$ |
| | | | \$ | \$ | \$ | | \$ |
| | | | \$ | \$ | \$ | | \$ |
| | | | \$ | \$ | \$ | | \$ |
| | | | \$ | \$ | \$ | | \$ |
| | | | \$ | \$ | \$ | | \$ |
| | | | \$ | \$ | \$ | | \$ |
| | | | Total | \$ | \$ | | \$ |

| Schedule E - Life Insurance, Including Group Insurance | | | | | |
|--|-----------------|------------------------------|-----------------------|--------------|------------|
| Name of Insurance Company | Owner of Policy | Beneficiary and Relationship | Face Amount of Policy | Policy Loans | Cash Value |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | Total | | \$ |

| Schedule F - Vested Interest in Pension/Retirement Accounts | | | | | |
|---|------------------|--|------------------------|------------------|------------|
| Name of Company | Owner of Account | Beneficiary and Relationship (if applicable) | Face Amount of Account | Loans on Account | Cash Value |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | Total | \$ | \$ |

| Schedule G - Other Assets (Indicate by an X if Others have an Ownership Interest) | | | | | | |
|---|---|---------------|---------------|-------------|-------------------|-----------------|
| Description | X | Date When New | Cost When New | Value Today | LOANS ON PROPERTY | |
| | | | | | Balance Due | To Whom Payable |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | | Total | \$ | |

| Schedule H - Notes to Financial Institutions | | | | | | |
|--|----------------------|--------------|---------------|--|-------------|------------------|
| Name of Creditor | Original Loan Amount | Date of Loan | Maturity Date | Unsecured or Secured (List Collateral) | Amount Owed | Payment Schedule |
| | \$ | | | | \$ | |
| | \$ | | | | \$ | |
| | \$ | | | | \$ | |
| | \$ | | | | \$ | |
| | | | | | Total | \$ |