

Small Business Services Application



Welcome to Boeing Employees' Credit Union (BECU). Please complete application in ink, sign it and bring to a BECU location to apply for membership. If you have any questions contact Small Business Services at 206-812-5140 or, outside Seattle, 1-800-233-2328.

1. Business Information and Ownership

STATE UNIFORM BUSINESS IDENTIFIER (UBI) NUMBER					FEDERAL TAX IDENTIFICATION NUMBER <input type="checkbox"/> EIN or <input type="checkbox"/> SSN																								
<table border="1" style="width:100%; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>															<table border="1" style="width:100%; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>														
If SSN, name of individual:																													
BUSINESS NAME (DBA, IF APPLICABLE)																													
BUSINESS LOCATION/STREET ADDRESS (REQUIRED)						CITY		STATE		ZIP CODE																			
MAILING ADDRESS IF DIFFERENT FROM ABOVE						CITY		STATE		ZIP CODE																			
BUSINESS PHONE					BUSINESS FAX																								
EMAIL ADDRESS																													
By providing your e-mail address, you agree that BECU may send marketing information regarding products and services to you electronically.																													

2. Business Type and Structure - Required Documents

TYPE OF BUSINESS – NOTE: BECU DOES NOT OFFER ACCOUNTS FOR MONEY TRANSFER SERVICES					NAICS CODE (FROM BUSINESS LICENSE)				
IS YOUR BUSINESS A CHARITABLE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO									
BUSINESS STRUCTURE									
<input type="checkbox"/> Sole Proprietorship: <input type="checkbox"/> Business License <input type="checkbox"/> Corporation: <input type="checkbox"/> Business License <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Bylaws, if applicable					<input type="checkbox"/> Partnership: <input type="checkbox"/> Business License <input type="checkbox"/> Partnership Agreement, to include list of partners <input type="checkbox"/> Limited Liability Company (LLC): <input type="checkbox"/> Business License <input type="checkbox"/> LLC Agreement, to include list of members <input type="checkbox"/> Formation Documents				

3. Authorized Signers

IMPORTANT INFORMATION ABOUT YOUR PROCEDURES FOR OPENING A NEW ACCOUNT. Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Auth. Signer 1	PRINT NAME			SSN/TIN		HOME PHONE		DATE OF BIRTH		MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #			DATE ISSUED		EXPIR. DATE		STATE & COUNTRY ISSUED		ID TYPE	
	STREET ADDRESS (REQUIRED)		CITY		STATE/PROVINCE			ZIP/POSTAL CODE		COUNTRY	
Auth. Signer 2	PRINT NAME			SSN/TIN		HOME PHONE		DATE OF BIRTH		MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #			DATE ISSUED		EXPIR. DATE		STATE & COUNTRY ISSUED		ID TYPE	
	STREET ADDRESS (REQUIRED)		CITY		STATE/PROVINCE			ZIP/POSTAL CODE		COUNTRY	
Auth. Signer 3	PRINT NAME			SSN/TIN		HOME PHONE		DATE OF BIRTH		MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #			DATE ISSUED		EXPIR. DATE		STATE & COUNTRY ISSUED		ID TYPE	
	STREET ADDRESS (REQUIRED)		CITY		STATE/PROVINCE			ZIP/POSTAL CODE		COUNTRY	
Auth. Signer 4	PRINT NAME			SSN/TIN		HOME PHONE		DATE OF BIRTH		MOTHER'S MAIDEN NAME	
	VALID PICTURE ID #			DATE ISSUED		EXPIR. DATE		STATE & COUNTRY ISSUED		ID TYPE	
	STREET ADDRESS (REQUIRED)		CITY		STATE/PROVINCE			ZIP/POSTAL CODE		COUNTRY	

4. Agents* and Non-Authorized Agents**

***Agents may make inquiries on accounts and perform transactions between accounts. **Non-Authorized Agents may only make inquiries on accounts.**

NAME (1)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (2)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (3)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH
NAME (4)	<input type="checkbox"/> Agent <input type="checkbox"/> Non-Authorized Agent	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME	DATE OF BIRTH

5. Products and Services Please visit becu.org for additional information on our products and services.

A savings account with a minimum deposit of \$5.00 is required to establish membership at BECU.
Please refer to the BECU Account Disclosure for rates and fee schedule.

Choose all that apply:

- Business Member Share Savings
- Savings Account
- Basic Checking Account Interest Bearing Checking Account
- Money Market Account
- Certificate of Deposit

Issue Debit Card to: (1) Authorized Signer (2) Authorized Signer (3) Authorized Signer (4) Authorized Signer

Please see information in the Deluxe Check Design Brochure to order checks.

6. Membership Agreements and Signatures

By signing below, you, the business, and each authorized signer(s), (collectively "You"), acknowledge and agree; that the information You provided is accurate, complete, and true and that You have instructed BECU as to the proper title of the account and we may rely on the information in our dealings with You, now and in the future; that BECU may receive information about Your credit history and performance from others, including credit reporting agencies; to the terms and conditions contained in this application; that You have reviewed and will retain for Your records the Account Disclosure and Membership Account Agreement, including Our Privacy Statement, Funds Availability Policy, and Electronic Funds Transfer Disclosure, and by signing below You acknowledge their receipt and agree to their terms; that issuance of each Debit Card or other access device selected in Section 3 is specifically requested; and that by selecting a Checking Account, You authorize BECU to debit the cost of the checks from Your checking account at the time of the check order.

By signing below, whether You are a corporation, partnership, limited partnership, limited liability company, or other entity separate from its owner(s), You certify that You, by Resolution or otherwise, duly adopted in accordance with Your charter, bylaws, and applicable law, are authorized to enter into this Agreement, apply for and maintain membership, sign up for additional products and services with BECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU. Any action hereto taken by You is hereby ratified and confirmed. Unless or until BECU is given written notice otherwise, any one of the undersigned shall have full power and authority to act on Your behalf. It shall not be necessary for BECU to inquire further into Your powers or powers of Your officers, directors, partners, managers, members, or agents purporting to act on Your behalf.

Taxpayer Identification Number Certification and Backup Withholding Information

By signing below, I certify in accordance with the IRS W-9 instructions and under penalties of perjury that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions Cross out item 2 above if You have been notified by the IRS that You are currently subject to backup withholding because You have failed to report all interest and dividends on Your tax return. Cross out item 3 and complete a W-8 BEN if You are not a U.S. person.
The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

BASIS FOR ELIGIBILITY

(1) AUTHORIZED SIGNER & TITLE	DATE
(2) AUTHORIZED SIGNER & TITLE	DATE
(3) AUTHORIZED SIGNER & TITLE	DATE
(4) AUTHORIZED SIGNER & TITLE	DATE

This section to be completed by BECU	SHARE ACCOUNT #	CHECKING ACCOUNT #	MONEY MARKET ACCOUNT #	CD ACCOUNT #
	DATE	REP	<input type="checkbox"/> ID Verified <input type="checkbox"/> OFAC on Business Name <input type="checkbox"/> Qualifile	

Small Business Services Credit Application



Welcome to Boeing Employees' Credit Union (BECU).

Please complete application in ink, sign it and bring to a BECU location to apply for membership.

If you have any questions contact a BECU representative at 206-439-5700 or, outside Seattle, 1-800-233-2328.

1. Business Information and Ownership

STATE UNIFORM BUSINESS IDENTIFIER (UBI) NUMBER					FEDERAL TAX IDENTIFICATION NUMBER (EIN OR SSN)				
BUSINESS NAME (AND DBA, IF APPLICABLE)							YEARS IN BUSINESS		
BUSINESS TYPE <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company)									
STREET ADDRESS (REQUIRED)				CITY		STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY
MAILING ADDRESS IF DIFFERENT FROM ABOVE				CITY		STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY
BUSINESS PHONE					BUSINESS FAX				
EMAIL ADDRESS									
By providing your e-mail address, you agree that BECU may send marketing information regarding products and services to you electronically.									

2. Loans Less than \$50,000

TYPE OF REQUEST	
<input type="checkbox"/> Overdraft Line	<input type="checkbox"/> Line of Credit
<input type="checkbox"/> Term Loan	<input type="checkbox"/> BECU Business Credit Card (Refer to the Enclosed Business Visa Credit Card Disclosure for rates and fees.)
AMOUNT	COLLATERAL

Purpose:

Financial Summary

<input type="checkbox"/> Financial Statement Submitted with this Summary		<input type="checkbox"/> Current Financial Statement on File with Creditor	
Assets	Amount	Liabilities	Amount
Cash and Equivalents	\$	Current Liabilities (A/P, LOC, Accruals)	\$
Account/Trade Receivables	\$	Long Term Liabilities (Equipment, Vehicles, RE)	\$
Inventory	\$	Notes Payable to Owners	\$
Fixed Assets	\$	Total Liabilities	\$
Other (Intangibles)	\$	Net Worth (total assets minus total liabilities)	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Business Income Summary

	Current Year	Fiscal Year End:	Fiscal Year End:	Fiscal Year End:
Number of Months				
Sales	\$	\$	\$	\$
Net Income	\$	\$	\$	\$
Depreciation/Amortization	\$	\$	\$	\$
Interest Expense	\$	\$	\$	\$

3. Loans More than \$50,000

Please attach the following and complete the business information on page 2:

- Completed SBS Credit Application.
- Interim Financial Statements – current within 60 days.
- Business Financial Statements for the prior 3 years, if applicable.
- Business IRS tax returns for the past 3 years, if applicable.
- Business Plan. (See section 4 for a sample format.)
- Personal Financial Statement – current within 60 days for all guarantors.
- IRS personal tax returns for the past 3 years for each 20% or more owner or guarantor.
- Other information may be required as needed after we review your application.

4. Business Plan**Please complete the following or attach a copy of your existing business plan.**

Describe your business:

Describe products and/or services offered:

Describe your market and market strategy:

List key customers:

List major competitors:

Describe your management capacity:

Tell us your future plans for growth/expansion:

Describe how this loan will benefit your business:

5. Agreement and Signatures

By signing below you authorize BECU to investigate your personal credit history as part of this Small Business Services Credit Application.

OFFICER NAME/TITLE	OFFICER SIGNATURE	DATE
OFFICER NAME/TITLE	OFFICER SIGNATURE	DATE
OFFICER NAME/TITLE	OFFICER SIGNATURE	DATE
OFFICER NAME/TITLE	OFFICER SIGNATURE	DATE

SBS Information for Government Monitoring Purposes



Please complete this section if you are a sole proprietorship applying for a loan secured by a dwelling (house, condominium, co-op, or multi-family such as duplex, triplex, fourplex, apartment building, etc.) and the purpose is to purchase or improve a dwelling or refinance of the purchase or improvement.

The following information is requested by the federal government agencies for certain types of loans related to a dwelling in order to monitor BECU's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that BECU may not discriminate in the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations BECU is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

APPLICANT

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race or National Origin:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex:

- Male
- Female

CO-APPLICANT

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race or National Origin:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex:

- Male
- Female

For Credit Union Use Only

- The information in the above section was obtained on the basis of visual observation or surname.
- This application was received by mail, telephone, or internet.

CHANNEL CODE

REP. INITIALS

APP ID

BECU Business Credit Card Rates and Fees Disclosure



ANNUAL PERCENTAGE RATE (APR) for Purchases and Cash Advances.	10.99%
Other APRs	Default APR: Up to the highest rate allowed by law.*
Grace period for repayment of Purchase balance.	No Finance Charge assessed on new Purchases if the New Balance is paid in full within 25 days of the close of the previous billing cycle.
Method of computing the balance for Purchases.	Average Daily Balance method (including new purchases).
Annual Fees.	None.
Transaction fee for Cash Advances.	2% of advance (up to maximum fee of \$10.00).

Fees: Overlimit: \$25.00, Late Payment: \$25.00, Return Check: \$25.00. Cash Advances are available for Business Principals only.

*Default Rate: If your Account is considered in default for any reason, the APR will increase to a fixed rate of up to the highest allowed by law.

Additional Important Information about the BECU Business Credit Card

The Daily Periodic Rate for Purchases and Cash Advances is 0.03011%, which is an **ANNUAL PERCENTAGE RATE of 10.99%**.

The information about the costs of the card is accurate as of 1/2008 and is subject to change. To find out what may have changed, contact the Credit Union.