

Loan Application



Local Government Federal Credit Union

**COMMERCIAL
LENDING**

GENERAL INFORMATION

Department Name:

Date:

Tax ID #:

Phone:

Fax:

Physical Address:

City:

State:

ZIP Code:

County:

Year Established:

Mailing Address:

City:

State:

ZIP Code:

Email:

DEPARTMENT INFORMATION

Chief:

Phone:

Primary
Contact Person:

Position:

Phone:

Email:

Type of Dept.: Volunteer Mostly Volunteer Career Mostly Career

ISO Rating:

Volunteer
Firefighters:

Career
Firefighters:

Stations:

Employees:

Is the Dept. registered as a Non-Profit Corporation? Yes No

Board Members:

Board President:

Phone:

FINANCIAL INSTITUTION ACCOUNT INFORMATION

Deposit Accounts: Institution Name

Account Type

Balance

1.

2.

3.

Loan Accounts: Institution Name

Current Balance

Payment Amt.

Original Term

Rate

Payment Frequency

Collateral

1.

2.

3.

LOAN REQUEST INFORMATION

Purpose:

Amount:

Loan Term:

Payment Frequency: Monthly Quarterly Semiannual Annual Other: _____

Collateral:

Insurance Agency:

Contact Person:

Phone:

Additional Comments:

Signature:

Date: