

BUSINESS CREDIT APPLICATION

Please print or type all information. Use additional sheets if necessary.

SECTION 1: ABOUT THE BUSINESS

LEGAL NAME OF APPLICANT / PRINCIPAL / BORROWER New Blankets Inc			
BUSINESS NAME / DBA (if applicable)		TAX ID NUMBER 830-51-3879	
STREET ADDRESS 8520 Via Mallorca Unit D	CITY, STATE, ZIP La Jolla, CA 92037-2507	MAILING ADDRESS	CITY, STATE, ZIP (if different than street address)
PRIMARY CONTACT NAME Joseph Deken	BUSINESS PHONE NUMBER 858-945-6363	EMAIL ADDRESS JDEKEN@UCSD.EDU	BUSINESS FAX NUMBER
DATE BUSINESS ESTABLISHED (MM/YY) 06/2008	PRESENT MANAGEMENT SINCE (MM/YY)	STATE OF ORGANIZATION CALIFORNIA	NUMBER OF EMPLOYEES
DESCRIPTION OF BUSINESS Nonprofit To Assist Public Libraries			
OWNERSHIP TYPE <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Association <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other		BUSINESS TYPE <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Other <input checked="" type="checkbox"/> Service	NAICS CODE (if available)
DOES APPLICANT HAVE ANY OPEN ACCOUNTS WITH SAN DIEGO COUNTY CREDIT UNION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, MEMBER SINCE 2009	ACCOUNT NUMBER(S) 0003520627

SECTION 2: CREDIT REQUEST

<input type="checkbox"/> Automobile Loan	\$	<input type="checkbox"/> Credit Card	\$
<input type="checkbox"/> Automobile Lease	\$	<input type="checkbox"/> Other	\$

LOAN PURPOSE

COLLATERAL AVAILABLE (please describe and estimate value)

NOTE: For loan requests, please attach fiscal year-end financial statements for the last two (2) years, a current interim statement and a current personal financial statement for each owner, partner, corporate officer or member that holds 20% or greater ownership interest. This information is also required for all credit card requests of \$10,000 and higher.

SECTION 3: PRINCIPAL / GUARANTOR INFORMATION

NAME OF APPLICANT / PRINCIPAL / GUARANTOR		TITLE	% OF BUSINESS OWNERSHIP
HOME STREET ADDRESS		CITY, STATE, ZIP	HOME PHONE
<input type="checkbox"/> Own <input type="checkbox"/> Rent	DATE OF BIRTH	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER

TENANCY OF ASSETS
 Individual (I) Tenants in Common (TC) Joint Tenancy (JT) Revocable Trust (RT) Community Property (CP) Irrevocable Trust (IT)

(x)	PERSONAL ASSETS	AMOUNT	(x)	PERSONAL LIABILITIES	AMOUNT
<input type="checkbox"/>	Cash in Financial Institution	\$	<input type="checkbox"/>	Taxes Payable	\$
<input type="checkbox"/>	Publicly Traded Securities Owned	\$	<input type="checkbox"/>	Revolving Credit / Credit Cards	\$
<input type="checkbox"/>	IRA / Keogh / Pension	\$	<input type="checkbox"/>	Loans, Contracts and Notes Payable	\$
<input type="checkbox"/>	Real Estate Owned (Primary Residence)	\$	<input type="checkbox"/>	Mortgages/Liens on Primary Residence	\$
<input type="checkbox"/>	Other Real Estate (Exclude Raw Land)	\$	<input type="checkbox"/>	Other Real Estate (Exclude Raw Land)	\$
TOTAL ASSETS		\$	TOTAL LIABILITIES		\$

INCOME - Do not include income from alimony, separate maintenance or child support unless you wish SDCCU® to consider it in connection with this application.

Principal's Monthly Income	\$	Principal's Monthly Housing Payment	\$	Other Income	\$
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SECTION 4: BUSINESS BANKING

FINANCIAL INSTITUTION NAME	ACCOUNT NUMBER	CHECKING ACCOUNT BALANCE	SAVINGS ACCOUNT BALANCE

SECTION 5: COMPANY FINANCIAL INFORMATION

Please supply the following information for all term loans, credit lines, mortgages, credit cards, etc. Attach additional sheets if necessary.

TO WHOM PAYABLE	LINE OR LOAN	BALANCE ON LOAN / AMOUNT OF CREDIT LINE	MONTHLY PAYMENT	COLLATERAL PLEDGED



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SECTION 6: COMPANY TAX AND BALANCE SHEET INFORMATION

FEDERAL TAX RETURN PERIOD

Please refer to the applicant's most recently filed federal tax return to answer questions in this section.

FROM	TO		
		TAX RETURN INCOME	AMOUNT
<input type="checkbox"/>		Gross Annual Sales / Revenue	\$
<input type="checkbox"/>		Depreciation Expense	\$
<input type="checkbox"/>		Depletion and Amortization	\$
<input type="checkbox"/>		Interest Expense	\$
<input type="checkbox"/>		Net Profit (Loss)	\$

BALANCE SHEET AS OF	AMOUNT
<input type="checkbox"/> Cash and Liquid Assets	\$
<input type="checkbox"/> Net Trade Receivables	\$
<input type="checkbox"/> Inventory	\$
<input type="checkbox"/> Total Assets	\$
<input type="checkbox"/> Current Maturity / Long-Term Debt	\$
<input type="checkbox"/> Other Current Liabilities	\$
<input type="checkbox"/> Total Liabilities	\$

SECTION 7: GENERAL INFORMATION

Are any business assets currently pledged as collateral for credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, WITH WHOM and WILL THIS LOAN REPLACE THAT CREDIT?
Is the applicant an endorser, guarantor or co-maker for any obligation not listed on this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN
Is the company a party to any legal or court proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN
Are there any unsatisfied judgments against the company or its owners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN
Has the company or any owner, partner, officer or member ever been the subject of a bankruptcy or compromised a debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN
Is the company currently in default with any of its creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN
Does the company have any contingent liabilities as an endorser or guarantor or other liability not shown on its financial records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN
Has the company been the subject of a tax audit in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN
Are any taxes currently past due for the business or any principal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, PLEASE EXPLAIN

SECTION 8: SIGNATURES AND CERTIFICATION OF APPLICANT(S)

Applicant(s) certify that the information provided on and with this form is complete and correct and that the undersigned are authorized to execute this form on behalf of Applicant(s).

Applicant(s), Principal(s) and Guarantor(s), authorize SDCCU to: verify the information submitted and obtain various credit reports; obtain copies of tax returns and other information from the IRS and other taxing authorities; to execute and deliver to SDCCU other forms as required; and, to take such other steps as SDCCU deems appropriate to verify (and from time to time re-verify) the information provided with this form. Applicant(s), Principal(s) and Guarantor(s) agree to promptly notify SDCCU in writing of any change in name, address or location of assets of Applicant(s). Applicant(s), Principal(s) and Guarantor(s) agree that funds drawn on the credit facility will only be used for business purposes for the borrowing entity signing this application.

I consent to receiving calls or texts from SDCCU on my cell phone at the number I have provided. I agree that SDCCU may contact me on my cell phone for any purpose using an automatic telephone dialing system and/or pre-recorded voice. I understand that I do not have to agree to be contacted on my cell phone number as a condition of doing business with SDCCU, in which case I will only provide a landline number.

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 write to SDCCU Business Services, PO Box 261209, San Diego CA 92196-1209 or call (877) 732-2848 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); 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 Federal Trade Commission, 10877 Wilshire Boulevard, Suite 700, Los Angeles, CA 90024.

REQUIRED SIGNERS

- CORPORATION – President and Secretary
 SOLE PROPRIETORSHIP – The owner (if married, may apply for a separate account)
 TRUST – All trustees
- PARTNERHIP – All general partners or by partnership authorization
 LIMITED LIABILITY CORPORATION – All Members or authorized manager(s)

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE
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SIGNATURE	TITLE	DATE

If you intend to apply for joint credit, please initial next to designation: Applicant: Co-Applicant:

