

Limited Liability Company

Credit Application Addendum

Full name of LLC: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Last date on which the LLC is to dissolve: _____

LLC is managed by: one manager only more than one manager LLC members

Specify:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LLC Capitalization: Please specify the capitalization rates of each of the LLC members.

Name	Social Security #	\$ amount of capitalization	% of ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use an additional sheet if necessary and attach to this form.

Note: A Personal Guaranty may be required after review of the LLC Capitalization information listed above.

LLC Dissolution: Which events will cause the dissolution of this LLC?

- withdrawal of a member death of member resignation of member
 expulsion of member member bankruptcy addition of new member

Please provide a copy of the LLC Articles of Organization sections verifying these events and the indicated actions should they occur.

The information submitted on this credit application addendum is warranted to be accurate and true. I hereby agree to notify Creditor of any change in LLC members or dissolution due to changes. I am authorized to contractually bind this LLC and warrant that this company is authorized to operate as an LLC in the state chartered. (Two signatures are required if LLC has only two (2) members with equal shares of ownership.)

Signed by: _____ Title: _____ Date: _____

Signed by: _____ Title: _____ Date: _____