

ONLINE LOAN APPLICATION PACKET



IMPORTANT: TO EXPEDITE THE LOAN PROCESS, PLEASE BE SURE TO SUBMIT ALL APPLICABLE DOCUMENTS BELOW WITH YOUR APPLICATION

To simplify the application process, we have provided an electronic Application Packet which includes: a Personal Financial Statement Form, a Commercial Loan Application, a Document Checklist, and a Business Plan Outline. **Complete the required documentation, then save and email the completed packet and any other required documents to fryp@diamondcu.com, or provide printouts and copies to Diamond, Attn: Business Services Division.**

Once we have reviewed your application, we will contact you to schedule an appointment to complete the loan process.

Items needed for Diamond Credit Union Business Loan

- Personal Financial Statement, on each Principle and Guarantor
- Commercial Loan Application
- 3 Years Personal Tax Returns - All appropriate Schedules on each Principle and Guarantor
- 3 Years Business Tax Returns - All appropriate Schedules
- Current year-to-date Financial Statements consisting of Profit & Loss, Balance Sheet, and Receivables Aging, as appropriate on the business
- Projected Business Plan
- List of Collateral
- Other documents as may be required

Please call the Business Services Manager, Phil Fry, at 610-326-5490 to schedule your appointment, or if you have any questions or concerns.

Thank you,
Business Services Department
Diamond Credit Union



1600 Medical Drive
 Pottstown, PA 19464
 (610) 326-5490
 1-800-593-1000
 Fax: (610) 326-5973

COMMERCIAL LOAN APPLICATION

Important Information About Procedures for Opening a New Account. 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 who opens an account. What this means for you: When you open an account, we will ask you for your name, street 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.

A. APPLICANT INFORMATION

LEGAL NAME OF BUSINESS		PHONE NUMBER	
STREET ADDRESS			
MAILING ADDRESS			
PHONE NUMBER	CONTACT NAME	FAX	E-MAIL
TAX ID NO.	YEAR ESTABLISHED	STATE	TYPE OF ENTITY
BUSINESS YEAR END	IF INDIVIDUAL, DATE OF BIRTH	IF INDIVIDUAL, NAME AND PHONE NO. OF EMPLOYER	
NATURE OF BUSINESS			

B. LOAN REQUEST

LOAN AMOUNT/CREDIT LIMIT REQUESTED \$	<input type="checkbox"/> New Loan	<input type="checkbox"/> Renew/Increase Existing Loan	<input type="checkbox"/> Credit Card	LOAN PURPOSE
TERMS				VALUE OF COLLATERAL
COLLATERAL OFFERED				SOURCE OF VALUATION
COLLATERAL OWNER				LIENHOLDERS AND AMOUNTS OF LIENS
INSURANCE AGENT/COMPANY				PHONE NUMBER
TYPE OF COVERAGE				POLICY DATES

**C. GUARANTOR/CO-BORROWER (REQUIRED FOR LOANS TO ENTITIES AND GROUPS SUCH AS A CORPORATION)
 CHECK HERE IF ADDITIONAL GUARANTORS/CO-BORROWERS INFORMATION IS ATTACHED ON PAGE 3**

1. Check the appropriate box that describes your relationship to the loan application:

	<input type="checkbox"/> CO-BORROWER <input type="checkbox"/> GUARANTOR	<input type="checkbox"/> CARDHOLDER (all cardholders also guarantee payment)
NAME	TAX ID NUMBER	DATE OF BIRTH
STREET ADDRESS		
MAILING ADDRESS (IF DIFFERENT)		
HOME NUMBER	WORK NUMBER	FAX NUMBER
E-MAIL		

2. Check the appropriate box that describes your relationship to the loan application:

	<input type="checkbox"/> CO-BORROWER <input type="checkbox"/> GUARANTOR	<input type="checkbox"/> CARDHOLDER (all cardholders also guarantee payment)
NAME	TAX ID NUMBER	DATE OF BIRTH
STREET ADDRESS		
MAILING ADDRESS (IF DIFFERENT)		
HOME NUMBER	WORK NUMBER	FAX NUMBER
E-MAIL		

AUTHORIZED USERS (CREDIT CARDS ONLY)

Check here if you would like to name authorized users on your account. Authorized users may use the card but will not be legally responsible for repaying the debt. Please list your Authorized Users on page 3.

D. FINANCIAL INFORMATION

TAX RETURN FILED THROUGH WHAT DATE	Are any returns being contested or audited: YES NO
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IF YES, DESCRIBE: ACCOUNTANT OR ACCOUNTING FIRM: _____

NAME(S) AND TITLE(S) OF PERSONS AUTHORIZED TO BORROW MONEY ON BEHALF OF THE BUSINESS:

1. _____	2. _____
3. _____	4. _____

FINANCIAL STATEMENT ON BORROWER(S) SUBMITTED WITH APPLICATION	DATE
FINANCIAL STATEMENT ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE
TAX RETURN ON BORROWER SUBMITTED WITH APPLICATION	DATE
TAX RETURN ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE

E. REAL ESTATE INFORMATION (REAL ESTATE SECURED LOANS ONLY)

Existing and new loan secured by residential structure, complete information below:

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender'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. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Borrower I do not wish to furnish this information	Co-Borrower I do not wish to furnish this information
Ethnicity: Hispanic or Latino Not Hispanic or Latino	Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Sex: Female Male	Sex: Female Male

PHONE OR MAIL APPLICATION? YES NO

SIGNATURES

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary, either directly or through any agency employed by Lender for that purpose, to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

STATEMENT OF BUSINESS PURPOSE: The undersigned represent, warrant and guarantee that the loan requested via the application and or other documentation submitted contemporaneously herewith is for **commercial use, and: (1) no part of the loan or its proceeds; (2) no property, equipment or other goods acquired with loan proceeds or used in the business of the borrowers or any guarantors or otherwise will be used for any consumer, household or family purpose whatsoever.** By signing below, each Applicant declares that he/she has read and understands this Statement and individually represents, warrants and guarantees as set forth with the expectation that the Credit Union will rely on this Statement.

JOINT CREDIT: TO BE COMPLETED BY ALL NATURAL PERSONS SIGNING INDIVIDUALLY AS BORROWERS, CO-BORROWERS OR GUARANTORS: **Joint Credit** -- We intend to apply for joint credit. (initials) _____

By signing below, each Applicant declares that he/she has read and understands the Notices Addendum attached as page 4 and, if applicable, has received the Reg. B notification regarding denied credit and appraisal notice contained therein.

BY:	
TITLE:	
SIGNATURE	DATE
X	

BY:	
TITLE:	
SIGNATURE	DATE
X	

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			

INDIVIDUAL NAME:	CO-APPLICANT	GUARANTOR	CARDHOLDER
SIGNATURE	DATE		
X			



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**ADDITIONAL GUARANTORS/CO-BORROWERS -
 COMMERCIAL LOAN APPLICATION**

Check as applicable: There are no additional Guarantors/Co-Borrowers/Cardholders other than those listed on page 1 of this Application.
 There are additional Guarantors/Co-Borrowers/Cardholders. See Section A Below:
 We would like Authorized Users on this account. See Section B Below:

LEGAL NAME OF BUSINESS	DATE
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In addition to those Guarantors/Co-Borrowers/Cardholders noted on page 1 of this Application, we submit the following additional Guarantor/Co-Borrower information:

A. GUARANTOR/CO-BORROWER (REQUIRED FOR LOANS TO ENTITIES AND GROUPS SUCH AS A CORPORATION)

3. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
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STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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4. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
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STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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5. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
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STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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6. Check the appropriate box that describes your relationship to the loan application: CO-BORROWER GUARANTOR CARDHOLDER (all cardholders also guarantee payment)

NAME	TAX ID NUMBER	DATE OF BIRTH
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STREET ADDRESS

MAILING ADDRESS (IF DIFFERENT)

HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
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B. AUTHORIZED USERS (OPTIONAL) - Please provide the names of any individual(s) whom you wish to be authorized signer(s) on your account.

An Authorized User is a person you authorize to use your MasterCard account. An Authorized User is not legally responsible for the debt and cannot receive information regarding the account.
 - An Authorized User receives a card in their name with your MasterCard account number on it.
 - You will be liable for all the transactions the Authorized User(s) incur on your account.
 The terms and conditions of your account will remain the same.

1. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.
2. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.
3. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.
4. NAME: FIRST, MI, LAST	DATE OF BIRTH	SOCIAL SECURITY NO.

**NOTICES ADDENDUM TO
COMMERCIAL LOAN APPLICATION**

EQUAL CREDIT OPPORTUNITY ACT NOTICES

If your gross annual revenues in the previous fiscal year were \$1,000,000.00 or less, and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact:

**1600 Medical Drive
Pottstown, PA 19464**

within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

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:

Federal Trade Commission, East Central Regional Office, 1111 Superior Avenue, Suite 200, Cleveland, OH 44114-2507.

STATE LAW NOTICES

OHIO RESIDENTS ONLY: 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.

WISCONSIN RESIDENTS: Marital Status:	Married	Unmarried	Legally Separated
If married: the name of my spouse is _____			
Spouse's SSN: _____	Spouse's Address (if different) _____		
Notice: 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 Credit Union unless the Credit Union 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.			
MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).			
X _____			

APPRAISAL NOTICE (REAL ESTATE SECURED LOANS ONLY)

NOTICE: If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write to us at the following mailing address: 1600 Medical Drive, Pottstown, PA 19464. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's Name, Property Address, Branch Name where application was taken, Application Date, and mailing instructions for the copy.

Outline of a Business Plan



A. *Executive Summary:* An **OVERVIEW** of the business plan with business description; operating and financial plans, industry and competitive analysis, target markets and marketing plan, and unique product and service features.

B. *Business Description:*

1. Name, legal structure, and ownership
2. Management qualifications (biographical information)
3. Date established and location
4. Mission statement

C. *Industry/Market Segment and Products and Services:*

1. Product and service description. Pricing, distribution method and business strategy
2. Competitors and market description
3. Fixed and variable costs (break-even analysis)
4. Operating plan and profit margin analysis

D. *Marketing Plan:*

1. Pricing strategy and terms of sale
2. Promotion and distribution strategy
3. Competitive analysis
4. Marketing budget and advertising and promotion strategy
5. Market research
6. Customer service programs

E. *Management and personnel plan:*

1. Background information on key personnel
2. Organization structure and job descriptions of key staff
3. Compensation program
4. Laws and regulations that impact on personnel

F. *Pro forma balance sheets, income statements, and cash flow projections:*

1. Sales forecast for up to three years
2. Profit and loss projections

G. *Discussion of financing plan:*

1. Discussion of how loan funds will be used in the business
2. Collateral available
3. Pro forma cash flow statement indicating how loan will be repaid

H. *Additional information (e.g. accountant, attorney, suppliers, major customers, and business associates)*

For further assistance in preparation, counseling services and advice, please feel free to look into the following references:

SCORE

MONTGOMERY/ TRI-COUNTY AREA

www.pottstown.score.org

Phone- 610 327-2673

BERKS COUNTY

www.reading.score.org

Phone- 610 376-3497

CHESTER COUNTY SCORE

www.chestercounty.score.org

Phone- 610 344-6910

OTHER COUNTIES

www.score.org

Additional research references are:

Small Business Administration

www.sba.gov

Small Business Development Center

www.kutztownsbdc.org



PERSONAL FINANCIAL STATEMENT

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint application.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1 and 3.

SECTION 1 – INDIVIDUAL INFORMATION (Type or Print)

SECTION 2 – OTHER PARTY INFORMATION (Type or Print)

Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Business Name		Business Name	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Position in Business	Time in Business	Position in Business	Time in Business
Name of Employer (if also employed elsewhere)		Name of Employer (if also employed elsewhere)	
Position or Occupation	Length of Employment	Position or Occupation	Length of Employment
Home Phone No.	Business Phone No.	Home Phone No.	Business Phone No.
Cell Phone No.	Employer Phone No.	Cell Phone No.	Employer Phone No.

SECTION 3 – STATEMENT OF FINANCIAL CONDITION AS OF _____, 20____

ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit Cents)	LIABILITIES	In Dollars (Omit Cents)
Cash on Hand and in Banks	\$	Notes Payable to Banks – Secured	\$
U.S. Gov't. & Marketable Securities – see Schedule A	\$	Notes Payable to Banks – Unsecured	\$
Non-Marketable Securities – see Schedule B	\$	Due to Brokers	\$
Securities Held by Broker in Margin Accounts	\$	Amounts Payable to Others – Secured	\$
Restricted or Control Stocks	\$	Amounts Payable to Others – Unsecured	\$
Partial Interest in Real Estate Equities – see Schedule C	\$	Accounts and Bills Due	\$
Real Estate Owned – see Schedule D	\$	Unpaid Income Tax	\$
Loans Receivable	\$	Other Unpaid Taxes and Interest	\$
Automobiles and Other Personal Property	\$	Real Estate Mortgages Payable – see Schedule D	\$
Cash Value – Life Insurance – see Schedule E	\$	Other Debts – Itemize:	\$
Other Assets – Itemize:	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$	TOTAL LIABILITIES	\$
	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

SOURCES OF INCOME FOR YEAR ENDED _____, 20_____ CONTINGENT LIABILITIES

Salaries	\$	Do you have any contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe:	
Bonuses and Commissions	\$		
Real Estate Income	\$	As Endorser, Co-Maker or Guarantor? For whom?	\$
Dividends	\$		
Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	\$	On Leases or Contracts? If so, describe:	\$
	\$		
TOTAL	\$	Pending Legal Claims or Actions? If so, describe:	\$

SECTION 4 – PERSONAL INFORMATION

OTHER PARTY PERSONAL INFORMATION

Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of executor:	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of executor:
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe when and why:	Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe when and why:
Have you ever been audited by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe:	Have you ever been audited by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe:
Accountant: Name: Address: Phone:	Accountant: Name: Address: Phone:
Attorney: Name: Address: Phone:	Attorney: Name: Address: Phone:

SCHEDULES - (USE ADDITIONAL SHEETS IF NECESSARY)

SCHEDULE A – U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are These Pledged?	Source of Value	Value

SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D – RESIDENCES & OTHER REAL ESTATE OWNED

Address & Type of Property	Title in Name of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name of Lender	Original Loan / Line of Credit	Secured or Unsecured? (List Collateral)	Original Date	Monthly Payment	Current Balance

SCHEDULE G – CASH AND CERTIFICATES OF DEPOSITS IN OTHER BANKING INSTITUTIONS

Type of Account	Name of Institution	In the Name of	Are Funds Pledged or Held by Others?	Value / Balance

SCHEDULE H – BUSINESS VENTURES AND OTHER ASSETS

Name of Any Business Venture in Which You Are an Owner, Stockholder or Partner	Address of Business	Your Position/Title in the Business	Your % of Ownership	Total Assets of Business	Line or Type of Business	Years in Business

Equal Credit Opportunity 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 (providing the applicant has the capacity to enter into a legal binding contract), because all or a 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
 Cleveland Regional Office
 Eaton Center, Suite 200
 1111 Superior Avenue
 Cleveland, OH 44114

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit-worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) _____ Date Signed _____

Social Security No. _____ Date of Birth _____ Driver's License # _____

Signature (Other Party) _____ Date Signed _____

Social Security No. _____ Date of Birth _____ Driver's License # _____