



3RIVERS FEDERAL CREDIT UNION BUSINESS CREDIT CARD APPLICATION

Total Credit Limit Requested: \$ _____

Date: _____

The credit card amount requested is the TOTAL CREDIT LIMIT for the company. Each card holder may be assigned an individual limit; however, the total of the individual sublimit may not exceed the TOTAL CREDIT LIMIT for the company. See "Type of Business Card Program Requested" on page 2.

Legal Name: _____
(Business or person applying for the Loan)

Name to be placed on card: _____ (Max 21 characters, including spaces)

Street Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ Email: _____
(If different from street address)

Business Phone: _____ Contact Name: _____ Best time to contact: _____

Tax ID # used for business: _____ Year Established: _____ State: _____

Type of Entity: Corporation Partnership LLC Individual Trust Non-Profit Other _____

Ownership: Individual Joint Other _____

Owner: _____ Ownership Percentage: _____ % Position: _____

Owner: _____ Ownership Percentage: _____ % Position: _____

Owner: _____ Ownership Percentage: _____ % Position: _____

Fiscal Year End: _____ Business Purpose / NAICS Code: _____ / _____

Annual Revenue: \$ _____ Net Income: \$ _____ (If W-2 wages are also paid to owners, please show in Guarantor Section below)

Are any of your debts past due? Yes No Are you a co-maker, endorser or guarantor of a loan? Yes No

Have you ever declared bankruptcy? Yes No Have you ever had property repossessed or foreclosed? Yes No

Applicant / Guarantor

Name: _____ Tax ID # (Or SSN): _____ Date of Birth: _____

Street Address: _____ Length of time at residence: _____

City: _____ State _____ Zip Code _____ Own/Buying Rent Other _____

Mailing Address (if different): _____

Contact Information: Home#: _____ Work#: _____ Cell #: _____ E-Mail: _____

If Additional Employment - Name and phone # of employer: _____ / _____ Net Income: \$ _____

Are any of your debts past due? Yes No Are you a co-maker, endorser or guarantor of a loan? Yes No

Have you ever declared bankruptcy? Yes No Have you ever had property repossessed or foreclosed? Yes No

Applicant / Guarantor

Name: _____ Tax ID # (Or SSN): _____ Date of Birth: _____

Street Address: _____ Length of time at residence: _____

City: _____ State _____ Zip Code _____ Own/Buying Rent Other _____

Mailing Address (if different): _____

Contact Information: Home#: _____ Work#: _____ Cell #: _____ E-Mail: _____

If Additional Employment - Name and phone # of employer: _____ / _____ Net Income: \$ _____

Are any of your debts past due? Yes No Are you a co-maker, endorser or guarantor of a loan? Yes No

Have you ever declared bankruptcy? Yes No Have you ever had property repossessed or foreclosed? Yes No

3RIVERS FEDERAL CREDIT UNION

BUSINESS CREDIT CARD APPLICATION – Continued

This information is provided for the purpose of obtaining credit for the Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this application will be relied on by Three Rivers Federal Credit Union in its decision to grant such credit. This application is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. You are authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the credit worthiness of the undersigned. Applicant(s) will promptly notify Three Rivers Federal Credit Union of any subsequent changes which would affect the accuracy of this application. Three Rivers Federal Credit Union is further authorized to answer any questions about its credit experience with the Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the above information of influencing actions of Three Rivers Federal Credit Union can be a violation of federal law and may result in a fine, Imprisonment, or both. In addition, each individual signing below authorizes Three Rivers Federal Credit Union to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them. By signing you are also granting a security interest in any present and future share or deposit account in the credit union in which you have an interest excepting those accounts that would have an adverse tax consequence. You understand that by signing you are giving the credit union a consensual lien on your shares and other accounts. Please refer to your Commercial Credit Card Agreement and Disclosure Statement for additional important information.

For value received, each Applicant/Guarantor signing below jointly and severally guarantees the prompt payment of the indebtedness evidenced by and arising under this application as it becomes due, including collection expenses and reasonable attorney's fees, and I absolutely and unconditionally agree to all terms of the application and the Commercial Credit Card Agreement and Disclosure Statement.

The undersigned declares that he/she read the statements above.

Applicant / Guarantor _____ Date: _____

Applicant / Guarantor _____ Date: _____

All Card Holders (includes non-guarantors - if applicable)

PER CARD

Name: _____ SS#: _____ Limit: \$ _____

Address: _____

Name: _____ SS#: _____ Limit: \$ _____

Address: _____

Name: _____ SS#: _____ Limit: \$ _____

Address: _____

Name: _____ SS#: _____ Limit: \$ _____

Address: _____

(Add additional sheet if necessary)

Type of Business Card Program Requested (Check only one)

Consolidated Statement: Company will receive a statement for each card holder and an aggregated statement (Control Statement) for the company. The account number for the Control Statement is different from each individual card account number. The account is paid using the Control Statement. The available credit limit is reduced for each card holder as credit is utilized throughout the billing cycle. The unused credit limit is replenished each month on its cycle date. Interim payments WILL NOT replenish the available credit between cycle dates.

Individual Statements with SUBLIMITS: Company will receive a statement for each card holder. The account is paid using each of the individual statements. The available credit limit is reduced for each card holder as credit is utilized throughout the billing cycle. The unused credit limit is replenished throughout the month within 5 days of payment receipt. Interim payments WILL replenish the available credit between cycle dates.

Individual Statement with SHARED LIMIT: Company will receive one statement; the account number will be different for each card holder. The available credit limit is reduced at the time any cardholder utilizes the card. The unused credit limit is replenished throughout the month within 5 days of payment receipt. Interim payments WILL replenish the available credit between cycle dates.

For Credit Union Use Only

Date application received: _____ Referring Employee / Branch: _____ / _____

Comments: _____
