

Member Account #: _____ **Credit Limit Requested:** _____
Business Name: _____ **Federal Tax I.D.#:** _____
Business Physical Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Business Mailing Address (if different): _____ **City:** _____ **State:** _____ **Zip Code:** _____
Business Phone: _____ **Business Email:** _____ **Web Address:** _____
Nature of your Business: _____ **Date Established:** _____ **Number of Employees:** _____
Years at Current Location: _____ **Business Type:** Partnership Corporation LLP Sole-Proprietorship LLC
Business Gross Annual Sales Last Fiscal Year (whole dollars): _____ **Business Net Profit Last Fiscal Year (whole dollars):** _____

CONTACT INFORMATION

First Name: _____ **Last Name:** _____
Title: _____ **Phone:** _____
Billing Options: Company/Owner Individual
 Company/Owner Billing: A summary statement is sent to the business and the business is responsible for making one monthly payment for all cardholder accounts.
 Individual Billing: A separate statement is sent to each cardholder. Payment is sent by, or on behalf of each cardholder.

OWNER/GUARANTOR INFORMATION

Ownership Distribution (list stockholders, partners and owners of 20% or more):

(1) Name: _____ Social Security #: _____ Date of Birth: _____

Gross Monthly Income: _____ **Source of Income:** _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Title: _____ Number of Years: _____ Ownership Percentage: _____

For security purposes, please provide your mother's maiden name: _____

(2) Name: _____ Social Security #: _____ Date of Birth: _____

Gross Monthly Income: _____ **Source of Income:** _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Title: _____ Number of Years: _____ Ownership Percentage: _____

For security purposes, please provide your mother's maiden name: _____

(3) Name: _____ Social Security #: _____ Date of Birth: _____

Gross Monthly Income: _____ **Source of Income:** _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Title: _____ Number of Years: _____ Ownership Percentage: _____

For security purposes, please provide your mother's maiden name: _____

For additional stockholders, please attach an additional sheet.

CONTROL PERSON

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions (if appropriate, an individual listed under the above section above may also be listed in this section.)

Name: _____ Social Security #: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Title: _____ Passport or Other ID #: _____ County of Issuance: _____

EMPLOYEES REQUESTING CARDS

One card per employee. If more employee cards are required, please attached a separate page.

Name: _____ Percentage of Credit Limit Requested: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Employee Title: _____ Employee Telephone #: _____ Employee Date of Birth: _____
 Employee Social Security #: _____ Employee's Mother's Maiden Name: _____ ATM Access: Yes No

Name: _____ Percentage of Credit Limit Requested: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Employee Title: _____ Employee Telephone #: _____ Employee Date of Birth: _____
 Employee Social Security #: _____ Employee's Mother's Maiden Name: _____ ATM Access: Yes No

Name: _____ Percentage of Credit Limit Requested: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Employee Title: _____ Employee Telephone #: _____ Employee Date of Birth: _____
 Employee Social Security #: _____ Employee's Mother's Maiden Name: _____ ATM Access: Yes No

BUSINESS BACKGROUND INFORMATION

Please provide a brief history of your business, future plans and projections, and describe your products and/or services and competition:

PERSONAL BUSINESS EXPERIENCE

If you have been in your current business for less than five years, please describe your previous business experience. (Include business background, management experience, and training, or include a resumé.)

MISCELLANEOUS

Are your tax liabilities current? Yes No Settled Through: _____

Is the business an endorser, guarantor, or co-maker for any obligation not listed in the financial statements? Yes No

Has the business or any principal owner ever declared bankruptcy? Yes No

If yes, please provide details: _____

Is the business a defendant in any lawsuit? Yes No

If yes, please provide details: _____

CERTIFICATIONS

The undersigned certify that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Credit Union immediately of any material changes in this information. The undersigned authorizes the Credit Union to contact any bank and trade creditors it deems necessary without further notice.

Business Name: _____ Date: _____

Guarantor Signature: _____

Title: _____ Date: _____

Guarantor Signature: _____

Title: _____ Date: _____

Guarantor Signature: _____

Title: _____ Date: _____

AGREEMENT The Business named above and the undersigned Authorizing Officer request that AmeriCU Credit Union establish a VISA® Business Credit Card account and related sub accounts in the name of the Business (the "Account") and issue VISA® Business Card(s) to employees of the Business as indicated in this application. This application is subject to credit approval by AmeriCU Credit Union. AmeriCU Credit Union VISA® Business Card Master Agreement (the "Agreement") will govern the Account. A copy of the Agreement will be provided to the Business before or at the time the cards are issued. We will also send you the terms of the VISA® Benefit Package, which state the limitations and details of the VISA® services and features described in this application. By retaining, using or allowing use of the Account, the Business will agree to the terms and conditions of the Agreement. If Business Billing is chosen, the cards and monthly statements will be sent directly to the respective cardholders at the addresses shown above, and not to the Business. The undersigned certify he/she is authorized to make and execute this application on behalf of the Business and that all information in, and provided in connection with, this application is complete, true, and correct. The undersigned and the Business authorize AmeriCU Credit Union to investigate, obtain, and exchange reports and information, including information from the Internal Revenue Service, regarding the creditworthiness of the Authorizing Officer and the Business and, if this application is approved, to update that information from time to time. AmeriCU Credit Union requires that one or more principals of the Business guarantee the obligations of the Business. The Account is offered from AmeriCU, and the Agreement is made in New York. AmeriCU Credit Union will make all credit decisions and extend all credit from, and accept payments in, New York. The undersigned and the Business certify that the Account shall be used solely for business or commercial purposes.