



3riversfcu.org | 260.490.8328

BUSINESS CREDIT CARD Application

Branch: _____ Credit Card Amount Requested: \$ _____ Number of Cards Requested: _____

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 credit limits may not exceed the TOTAL CREDIT LIMIT for the company.

Please return completed application with your most recent business or personal tax return.

Legal Name: _____
(of business or person applying for credit card)

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **Fax:** _____
(if different from street address)

Phone Number: _____ **Contact Name:** _____ **Best Time to Contact:** _____

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

Type of Entity:

- CORPORATION PARTNERSHIP LLC TRUST SOLE PROPRIETORSHIP: INDIVIDUAL
- NONPROFIT OTHER (DEFINE): _____

Fiscal Year End: _____ **Nature of Business:** _____

Annual Revenues: \$ _____ **Net Income: \$** _____

Business Owner(s) and % of Ownership: _____

Officers and Position Held in Company: _____

Average amount spent on credit card per month: _____

Does the business or any applicant have debts past due?	YES	NO	Is the business or any applicant party to a lawsuit?	YES	NO
Has the business or any applicant ever had property repossessed or foreclosed?	YES	NO	Has the business or any applicant ever declared bankruptcy?	YES	NO
			Does the business or any applicant have contingent liabilities?	YES	NO

APPLICANT/GUARANTOR #1

Name: _____ **Tax ID Number** (or Social Security No.) _____ **Date of Birth:** ____/____/____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Length of time at residence: _____ **OWN/BUYING** **RENT** **OTHER:** _____

Mailing Address: _____
(if different from street address)

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Name and Phone of any Other Employer: _____ **Net Income: \$** _____
(if employed outside of business)

APPLICANT/GUARANTOR #2

Name: _____ **Tax ID Number** (or Social Security No.) _____ **Date of Birth:** ____/____/____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Length of time at residence: _____ **OWN/BUYING** **RENT** **OTHER:** _____

Mailing Address: _____
(if different from street address)

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Name and Phone of any Other Employer: _____ **Net Income: \$** _____
(if employed outside of business)

APPLICANT/GUARANTOR #3

Name: _____ **Tax ID Number** (or Social Security No.) _____ **Date of Birth:** ___/___/___

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Length of time at residence: _____ **OWN/BUYING** **RENT** **OTHER:** _____

Mailing Address: _____
(if different from street address)

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Name and Phone of any Other Employer: _____ **Net Income: \$** _____
(if employed outside of business)

APPLICANT/GUARANTOR #4

Name: _____ **Tax ID Number** (or Social Security No.) _____ **Date of Birth:** ___/___/___

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Length of time at residence: _____ **OWN/BUYING** **RENT** **OTHER:** _____

Mailing Address: _____
(if different from street address)

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Name and Phone of any Other Employer: _____ **Net Income: \$** _____
(if employed outside of business)

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.

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

Applicant #1: _____	Date: _____
Applicant #2: _____	Date: _____
Applicant #3: _____	Date: _____
Applicant #4: _____	Date: _____

How would you like to receive statements? Individually Aggregated – all on one Both

How would you like to make payments? Individually To master account

I would like my payments to be due on:

- The 3rd of each month. My statement cycle will end on the 28th.
- The 8th of each month. My statement cycle will end on the 5th.
- The 16th of each month. My statement cycle will end on the 13th.
- The 20th of each month. My statement cycle will end on the 17th.
- The 25th of each month. My statement cycle will end on the 22nd.
- I do not wish to specify a due date.

ALL CARD HOLDERS *(includes non-guarantors - if applicable)*

PER CARD

Name: _____ SS #: _____

Email Address: _____

Cell Phone Number: _____ Date of Birth: _____

Limit: Open to credit limit Limit to \$ _____

Name: _____ SS #: _____

Email Address: _____

Cell Phone Number: _____ Date of Birth: _____

Limit: Open to credit limit Limit to \$ _____

Name: _____ SS #: _____

Email Address: _____

Cell Phone Number: _____ Date of Birth: _____

Limit: Open to credit limit Limit to \$ _____

Name: _____ SS #: _____

Email Address: _____

Cell Phone Number: _____ Date of Birth: _____

Limit: Open to credit limit Limit to \$ _____

Name: _____ SS #: _____

Email Address: _____

Cell Phone Number: _____ Date of Birth: _____

Limit: Open to credit limit Limit to \$ _____

FOR CREDIT UNION USE ONLY

Date Application Received: ___/___/___

Employee Name: _____

Comments: