



3riversfcu.org | 800.825.3641

# 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 tax return OR income statement and meeting minutes.**

Legal Name: \_\_\_\_\_  
*(of business or person applying for credit card)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(if different from street address)*

Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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: \$ \_\_\_\_\_

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

**If type of entity is for profit:**

Business Owner(s) and % of Ownership: \_\_\_\_\_

Officers and Position Held in Company: \_\_\_\_\_

**If type of entity is nonprofit:**

Authorized Decision Maker for Organization: \_\_\_\_\_

Board Members with Voting Rights: \_\_\_\_\_



3riversfcu.org | 800.825.3641

# BUSINESS CREDIT CARD Application

## APPLICANT/GUARANTOR OR AUTHORIZED SIGNER #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 OR AUTHORIZED SIGNER #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)*



3riversfcu.org | 800.825.3641

# BUSINESS CREDIT CARD Application

## APPLICANT/GUARANTOR OR AUTHORIZED SIGNER #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 OR AUTHORIZED SIGNER #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)*

**FOR PROFIT businesses, please note:**

*By signing this application you are agreeing to personally guarantee the debt of the business listed above. 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.*

**For NONPROFIT businesses, please note:**

*This information is provided for the purpose of obtaining credit for the Non-Profit Organization. Authorized Signer(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 Non-For-Profit 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. Authorized Signer(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 Authorized Signer(s). Authorized Signer(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 complete their due diligence and research of the Non-For Profits current and historical credit.*

**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.



3riversfcu.org | 800.825.3641

# BUSINESS CREDIT CARD Application

## 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: