

Belonging Never Felt Better



BUSINESS VISA CARD APPLICATION

Classic Gold Fixed Rate Variable Rate

Applicant Information

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Tax ID Number _____

Type of Business _____ Date Started _____

State and County Where Organized _____

Type of Organization: Corporation Partnership Proprietorship

List: Principal Owners (if Proprietorship), Partners (if Partnership), Officers (if Corporation)				
Name				
Address				
Phone Number				
Social Security No.				
Date of Birth				
Age				
Title				
% of Ownership				
Personal Financial Statement Enclosed?				

Name of Company: _____
(This name will be embossed on all cards)

Account Number: _____

Card #1

Requested Credit Limit: \$ _____

Name/Title: _____

SS No. _____ DOB _____

Member No. _____

Signature: _____

Card #2

Requested Credit Limit: \$ _____

Name/Title: _____

SS No. _____ DOB _____

Member No. _____

Signature: _____

Card #3

Requested Credit Limit: \$ _____

Name/Title: _____

SS No. _____ DOB _____

Member No. _____

Signature: _____

Card #4

Requested Credit Limit: \$ _____

Name/Title: _____

SS No. _____ DOB _____

Member No. _____

Signature: _____

TOTAL REQUESTED CREDIT: \$ _____

**Remit with current Business Tax Return and Profit/Loss Statement & Balance Sheet
Non-Profit Organizations: Remit Current Annual Financial Report Only**

The Credit Union is authorized to rely on the information provided in this Agreement and Authorization until it receives written notice of change. In the case of corporations and associations, this notice must be in the form of a resolution, certified by the Secretary. In the case of a partnership, all partners must sign this notice.

The above persons are officers or agents authorized to use Credit Cards pursuant to Coast Central Credit Union VISA Credit Card Agreement, receipt of which is hereby acknowledged by the undersigned on behalf of the Company named above.

By: _____ Date _____ By: _____ Date _____
Authorized Signature Authorized Signature

Print or Type Name and Title: _____ Print or Type Name and Title: _____

By: _____ Date _____ By: _____ Date _____
Authorized Signature Authorized Signature

Print or Type Name and Title: _____ Print or Type Name and Title: _____

FOR CREDIT UNION USE ONLY

Date	Approved Limits:	Card #1	Card #2	Card #3	Card #4	Total
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Counter offer will be made, if accepted advance approval						
Describe Counter Offer or Specific Reasons for Rejection:						
Approving Loan Officer Signature					Date	
<input type="checkbox"/> Notice and Reason for Rejection Sent or Delivered			Additional			
on			Signatures,			
by			if needed			
(Initials)			1. _____			
			2. _____			
			3. _____			