



## BUSINESS CREDIT CARD APPLICATION

### DOES YOUR BUSINESS NEED A RELIABLE CREDIT CARD?

We offer a MasterCard® business credit card for you and your employees. Employees can be set up to have different credit limits. Use our credit card for all of your purchases and expenses and receive one credit card invoice to pay. This way you won't have to file through invoices and write several payment checks. You can even transfer your high-rate card balances over to this account. Simply fill out this application and forward it back to us. We will promptly process the application, and if approved, your card(s) will be sent directly to your business address. You will have peace of mind that you have a convenient credit card for your business.

I am an Owner or Authorized Officer able to borrow on behalf of the business.

Yes  No

My personal/business credit history is clear of bankruptcies or seriously delinquent accounts.

Yes  No

My business is more than two years old.

Yes  No

My business is registered as a Nonprofit organization.

Yes  No

**Organizations are required to provide their official minutes which include the approval to apply for a credit card. Also, the organization or small business maybe asked to provide the their last two years of financial statements.**

## NONPROFIT/BUSINESS PROFILE

Name of Nonprofit/Business \_\_\_\_\_

Tax Identification # \_\_\_\_\_

Legal Business Name (if different from above) \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Fax# \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Street Address \_\_\_\_\_

(No PO boxes. We are required to obtain the physical street address.)

City/State/ZIP \_\_\_\_\_

Business Mailing Address (if different from above) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Primary Business Product/Service \_\_\_\_\_ Total # of Employees \_\_\_\_\_

### Legal Structure

Sole Proprietorship  Corporation  Partnership  
 Limited Liability Company  Other \_\_\_\_\_

# of Years as Owner/Authorized Officer \_\_\_\_\_

### Financial Information

Annual Sales \$ \_\_\_\_\_ Annual Net Income \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_

Net Worth \$ \_\_\_\_\_ Fiscal Year End (MM/DD) \_\_\_\_\_

# CARD INFORMATION CARD INFORMATION AND CREDIT LIMIT CHANGE

## Authorization

The words “you” or “your” in this section mean the authorized officer for the business, and the business itself.

By signing below you agree that: 1) you are listed as an authorized officer on a Resolution to Borrow on behalf of the business listed in this application; 2) everything stated on this application is true and correct, to the best of your knowledge; 3) you have read and agree to all the terms and pricing presented; 4) the terms of the account, including annual percentage rates, are subject to change in accordance with the Visa/MasterCard Agreement; 5) VSECU is authorized to verify and/or obtain any information necessary to process this application; 6) whether approved or denied, this application will remain the property of VSECU; 7) if this application is approved and credit card(s) issued, VSECU will send a copy of the Visa/MasterCard Agreement to you; 8) by signing, using or permitting another person to use the credit card(s), the business will be bound by the terms and conditions of the Visa/MasterCard Agreement; and 9) VSECU is authorized to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received.

Signature of Authorized Officer of Business \_\_\_\_\_

Printed Name/Title \_\_\_\_\_ Date \_\_\_\_\_

### 1 First Cardholder's Name (as to appear on card)

Social Security Number

Name (Printed) \_\_\_\_\_ - - \_\_\_\_\_

Requested Line of Credit for first cardholder \$ \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### 2 Second Cardholder's Name (as to appear on card)

Social Security Number

Name (Printed) \_\_\_\_\_ - - \_\_\_\_\_

Requested Line of Credit for first cardholder \$ \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### 3 Third Cardholder's Name (as to appear on card)

Social Security Number

Name (Printed) \_\_\_\_\_ - - \_\_\_\_\_

Requested Line of Credit for first cardholder \$ \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

## OPTIONAL BALANCE TRANSFER REQUEST

(if more than two balance transfers are needed, attach additional pages)

### 1 First Balance Transfer

Transfer Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Pay to the Order of \_\_\_\_\_

Payment Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### 2 Second Balance Transfer

Transfer Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Pay to the Order of \_\_\_\_\_

Payment Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## AUTHORIZED CONTACT

This Authorized Contact will be authorized to access the account information on behalf of the business. This contact also has the capacity to make changes to the accounts, such as changing credit limits and requesting additional cards.

First Name	M.I.	Last Name	Title
_____	_____	_____	_____

Signature \_\_\_\_\_ Direct Phone # \_\_\_\_\_

## APPLICANT INFORMATION

(if co-applicants are needed, attach additional pages)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ % (if applicable)

Residence Street Address \_\_\_\_\_

(No PO Boxes; we are required to obtain a physical street address.)

City/State/ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you:  Rent  Own house Monthly Housing Payment \$ \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issuance \_\_\_\_\_

Annual Salary/Commissions \_\_\_\_\_ Other Income \_\_\_\_\_

Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as a basis for repaying this obligation

Primary Financial Institution \_\_\_\_\_

### Deposit/Asset Accounts

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Total Personal Assets \$ \_\_\_\_\_

### Loan/Debt Accounts

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Account Type \_\_\_\_\_ Account Balance \_\_\_\_\_

Total Personal Debt \$ \_\_\_\_\_

Have you ever received credit from us?  Yes  No

If yes: When? \_\_\_\_\_ For? \_\_\_\_\_

Do you have a personal credit reference? \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Annual Percentage Rate  
(variable)**

**12.75%** for Purchases (Prime +5%)  
**14.75%** for Cash Advances (Prime +7%)

**Variable Rate Information**

Your APR may vary. The rate is established by adding a margin of 5% to the Index for Purchases and 7% to the Index for Cash Advances.  
*\*See explanation below.*

**Monthly Periodic Rate**

1.0625% for Purchases  
1.2292% for Cash Advances

**Grace Period**

25 days

**Balance Computation**

Average daily balances including new purchases

**Payment**

\$25.00 or 3% of the loan balance, whichever is greater

**Annual Fee**

\$25.00

**Additional Fees**

Late Payment: \$10.00 or 5% of minimum payment due,  
whichever is greater.  
Cash Advance: 2% of each advance  
Over Limit: \$25.00  
Replacement Card: \$10.00  
Document Photocopy: \$5.00

\* The APR will vary based on changes in the Index (National Prime Rate published by the Wall Street Journal). The Index will be adjusted on the 25th day of each month or the business day preceding the 25th if that day falls on a weekend or holiday recognized by the Federal Reserve Bank. Any changes in the Index will take effect beginning with the first billing cycle in the month following a change in the Index. Increases or decreases in the Index will cause the APR and periodic rate to fluctuate, resulting in increased or decreased finance charges on the account. As of September 18, 2007, the Index was 7.75%. The account will never have an APR over 21.0%.

**VSECU USE ONLY**

Approved  Denied

Business Primary Share # \_\_\_\_\_

**Credit Limit**

Card 1 \$ \_\_\_\_\_ Card 2 \$ \_\_\_\_\_ Card 3 \$ \_\_\_\_\_

Card 1 # \_\_\_\_\_ Card 2 # \_\_\_\_\_ Card 3 # \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

Credit Committee  Loan Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Ordered by: \_\_\_\_\_  QC: \_\_\_\_\_ Date: \_\_\_\_\_