

BUSINESS INFORMATION:

BUSINESS NAME _____
 YOUR NAME/TITLE _____
 BUSINESS ADDRESS _____
 BUSINESS PHONE _____

TYPE OF BUSINESS Sole Proprietorship ____ S Corporation ____ Non-Profit ____
 C Corporation ____ Partnership ____ LLC ____

Federal Tax I.D. Number _____ Incorporated in what State? _____

MANAGEMENT INFORMATION:

Proprietors, partners, officers, directors owning 20% or more will be required to guarantee this loan.

Name(s)/Title	Soc. Sec. #	Address	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT CARD REQUEST INFORMATION:

Desired Credit Limit: _____ Purpose of Funds: _____

Describe collateral (if applicable) and estimate of value _____

Personal Guarantors (Personal guarantees are required for anyone owning 20% or more of the business):

Names(s)	% of Ownership	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Relationships

Bank Name	Type of Account	Acct. No.	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS FINANCIAL INFORMATION:

How long has your business been established? (If a start-up, or less than 1 year, a written Business Plan is required) _____

How long has your business been under current management? _____

Does the company have a management succession plan? If so, list names of successors: _____

Describe your product or services: _____

How many employees do you have? Full Time _____ Part Time _____ Seasonal _____

Is your business seasonal? If yes, when? _____

List your major customers: _____

What are your selling terms? _____

Are any business assets pledged as collateral? Please list: _____

Is the business a party to, or involved in, any lawsuit, claim or other proceeding? If yes, please explain: _____

Has the business or any principal owner ever declared bankruptcy? _____

Is the company delinquent on any federal, state, or local tax obligations? _____

Please list the name of your:

Accountant _____

Phone Number _____

Attorney _____

Phone Number _____

Insurance Agent _____

Phone Number _____

CARDHOLDERS:

Aggregate of individual card limits cannot exceed total credit amount requested.

_____	_____	_____	_____	_____
Name	Title	SSN	\$ Limit	Signature
_____	_____	_____	_____	_____
Name	Title	SSN	\$ Limit	Signature
_____	_____	_____	_____	_____
Name	Title	SSN	\$ Limit	Signature
_____	_____	_____	_____	_____
Name	Title	SSN	\$ Limit	Signature

This information and the information provided on all accompanying financial statements and schedules are provided for the purposes of obtaining credit for the applicant and guarantor. Applicant acknowledges that representations made in this statement and accompanying financial statements will be relied upon by the Credit Union in its decision to grant credit and is true and correct in every detail and accurately represents the financial condition of the Applicant on the date given below. By signing below (1) I/we certify that all statements are true and complete and submitted for the purpose of obtaining credit. I/we agree that the usual credit inquiries may be made to verify statements. (2) If this application is accepted and credit card(s) issued, the applicant(s) and any cardholders will be deemed to be in agreement with all terms and conditions contained in the credit card agreement sent upon approval, and any future amendments to said agreement. (3) I/we pledge to you and grant you security interest in all my present and future business loan and share accounts with the credit union to secure my credit card account. I/we authorize you to apply these shareholdings to pay any amounts due on the account or under this agreement if I should default. If this is a secured card: I have also executed a separate security agreement. (4) I/we understand and agree that each cardholder and the Business will be jointly and severally liable for charges to the account. If request is approved, member and any guarantors also agree to provide, at least annually, any financial statements and/or tax returns requested by the Credit Union.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION, WHICH MAY BE ENFORCED BY THE PARTIES.

Authorized Signature _____ Title _____ Date _____
 _____ Title _____ Date _____

Please Include:

- 1) **Signed copies of last 3 years of business tax returns with all schedules and attachments.**
- 2) **If requested limit exceeds \$10,000 please include copies of last 2 years of ownership’s personal tax returns and a personal financial statement (provided).**

	Annual Percentage Rate	Credit Range	Annual Fee	Minimum Finance Charge	Transaction Fee for Purchases and Cash Advances	Late Fee (past due 15 days)
VISA Business Platinum	Prime to Prime + 8%*	Up to \$30,000	None	None	None	Lesser of 5% or \$25 (\$1 minimum)

*Rate determined by creditworthiness

Mail or Deliver to:
 First Community Credit Union
 17151 Chesterfield Airport Road
 Chesterfield, MO 63005
 Attn: Business Lending

If you have any questions, or need an extra application or a blank Personal Financial Statement, please call (636) 728-3381.