



# VISA® BUSINESS CHOICE REWARDS CREDIT CARD APPLICATION

Member Account #:

EE ID:

LIMIT:

## Company Profile

Company Name ("Company"):			Date Established:	
Address:		City:	State:	Zip:
Nature of Business:				
Phone Number:		Federal Tax ID:		
Organized as: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other		Annual Sales Revenue (last full year):		
Is cash flow of business based on projections? <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>A FINANCIAL STATEMENT MUST ACCOMPANY THIS APPLICATION</b>		

## Reference

Principal Financial Institution:				
Address:		City:	State:	Zip:
Types of Accounts(s): <input type="checkbox"/> Loan <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other - If Other, please specify:				
Primary Officer:		Account Number:		
Company Name to Emboss on Cards (Please Print, Max length 22 characters):				

## Account Information

1. Full Name:		<input type="checkbox"/> Check if Principal Officer/Partner		
Home Address:		City:	State:	Zip:
Social Security Number:		Credit Limit (if \$0, no card will be issued) \$ (yourself)		
Birth Date:	Driver's License/ID #:	State of Issue:	Issue Date:	Exp. Date:
Equity in Home? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, how much?		Income outside of business? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, how much per month?		
Declared bankruptcy in last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes		Monthly Salary from Business:		Percentage Ownership of Company:
2. Full Name:		<input type="checkbox"/> Check if Principal Officer/Partner		
Home Address:		City:	State:	Zip:
Social Security Number:		Credit Limit (if \$0, no card will be issued) \$ (yourself)		
Birth Date:	Driver's License/ID #:	State of Issue:	Issue Date:	Exp. Date:
Equity in Home? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, how much?		Income outside of business? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, how much per month?		
Declared bankruptcy in last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes		Monthly Salary from Business:		Percentage Ownership of Company:
3. Full Name:		<input type="checkbox"/> Check if Principal Officer/Partner		
Home Address:		City:	State:	Zip:
Social Security Number:		Credit Limit (if \$0, no card will be issued) \$ (yourself)		
Birth Date:	Driver's License/ID #:	State of Issue:	Issue Date:	Exp. Date:
Equity in Home? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, how much?		Income outside of business? <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, how much per month?		
Declared bankruptcy in last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes		Monthly Salary from Business:		Percentage Ownership of Company:

## Application Terms

I, the undersigned, sign this application both individually, and, in a representative capacity, for Company. By signing the Application, I (a) certify that all of the information accompanying the Application is complete, correct and provided to Collins Community Credit Union, herein after, "Lender," for the purpose of obtaining credit from Lender; (b) agree that the agreement by and between Lender, Company, and me will be made when Lender approves this application; (c) agree that Company and I shall be jointly and individually liable for all obligations under the Lender Business Visa Agreement which Lender will provide to me (the "Agreement"), and agree to abide by all terms and conditions of the Agreement; (d) request that Lender establish credit card accounts and issue credit cards to those Authorized Cardholders identified on the Application and those additional Authorized Cardholders designated in the future in accordance with the Agreement; (e) direct Lender to send all notices and reports regarding credit card account to me unless directed otherwise by me; (f) authorize Lender to obtain credit reports and exchange credit information with third parties regarding Company and me; (g) authorize Lender to charge any deposit account of Company's or mine at the financial institution identified in this Application as Bank Reference for the amount of any obligations owed to Lender by Company or me under the Agreement; and (h) agree to provide other information as may be requested now or in the future by Lender.

By signing below, I represent that I am authorized to execute this Application on behalf of the above named Company and acknowledge that I have read and agree to the Application Terms and the Business Credit Card Disclosure Statement and agree to the terms therein. I acknowledge receipt of a copy of this Application and Business Credit Card Disclosure Statement and all other documents related to this debt. I also agree to be jointly and individually obligated a co-obligator according to these Application Terms. If I am married and a Wisconsin resident, I represent that these obligations are incurred in the interest of my marriage or family.

Signer must be one of the following (check appropriate box):  Owner  Partner  President/CEO

Name (Please Print)

X \_\_\_\_\_

Signature, Individually, and for Company (Original signature required)

Date