

BUSINESS VISA CREDIT CARD APPLICATION (PLEASE PRINT)

Type of Business/Industry: _____ Credit Limit Requested: \$ _____

Legal Structure: Sole Proprietorship Partnership Corporation S Corp LLC Other _____

Please provide a copy of Your official minutes, which include the authorization to apply and the organization's last two (2) years' financial statements. You understand there are cost(s) associated with the use of a business Visa credit card. To request specific information, see Your loan officer for details or call toll-free (800)467-5427.

BUSINESS INFORMATION

Name of Business (to appear on card) _____ State of Organization _____

Legal Name (if different than above). Federal law requires Us to collect and verify the business name, physical address, and tax identification number.

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____ City _____ State _____ Zip Code _____

Telephone # with area code _____ Fax # with area code _____ Tax Identification # _____ # of Employees _____ Annual Gross Income _____ Years in Operation _____

OWNER or AUTHORIZED OFFICER INFORMATION (as the Owner or Authorized Officer, You will automatically receive a card upon approval)

Full Name (to appear on card) _____ Title _____ Home Phone # _____ Mobile Phone # _____

Home Street Address _____ City _____ State _____ Zip Code _____

Driver License # and State of Issuance _____ Social Security Number _____ Date of Birth _____ Annual Salary _____

CARDS FOR YOUR EMPLOYEES

First Cardholder's Full Name (to appear on card) _____ Social Security Number _____ Date of Birth _____

Second Cardholder's Full Name (to appear on card) _____ Social Security Number _____ Date of Birth _____

Full Name of Authorized Contact. The Authorized Contact will be authorized to access Account information on behalf of the business, as well as make changes to the Account including, but not limited to, requesting credit line increases and additional Cardholders.

In this Business Visa Credit Card Application ("Application"), the words "You" and "Your" refer to the Authorized Officer(s) or Owner identified in this Application applying for a Business Credit Card account ("Account"). The words "Credit Union," "We," "Our," and "Us" refer to Knoxville TVA Employees Credit Union. By signing below, You acknowledge and agree on behalf of the Business entity: 1) that all information provided in connection with this Application is correct; 2) that We may investigate and exchange reports regarding information on You and the Business entity with credit reporting agencies and others; 3) that the Account will be used for business purposes only; 4) to all terms of the Business Credit Card Agreement provided upon approval; 5) that You authorize Us to provide Your Application information and any updated Application information You provide to Our affiliate(s) in connection with other accounts that You may have with those affiliate(s); and 6) that herein You and the Business entity, personally and in Your individual capacity, will each be liable for all charges, fees, and finance charges on all of the cards and accounts issued pursuant to this request or any future requests associated with this Account. (In the case of a non-profit organization, the Authorized Officer will not be personally liable as set forth in #6 above. Only the Business entity will be liable). You understand that the use of Your credit card(s) will constitute acknowledgement of receipt and agreement to the terms of the Business Credit Card Agreement. The USA Patriot Act requires that We verify the identity of all Account holders. We may ask You or Your co-borrower(s) to show proof of identity. We may report information about Your Account to credit bureaus. Late payments, missed payments, or other defaults on Your Account may be reflected in Your credit report.

Owner/Authorized Officer's Signature _____ First Cardholder's Signature _____ Second Cardholder's Signature _____

Date _____ Date _____ Date _____

BUSINESS GUARANTY AGREEMENT

In this Business Guaranty Agreement ("Agreement"), "You," "Your," and "Guarantor" refer to the person(s) designated as a Guarantor in this Agreement. "Credit Union," "We," "Our," and "Us" refer to Knoxville TVA Employees Credit Union or anyone to whom We transfer Our rights under this Agreement. In consideration for Our agreement to lend money or extend credit to _____ (the business applicant(s) listed above) in an amount up to the initial Credit Limit Requested under a Business Credit Card Account ("Account"), You personally and unconditionally guarantee prompt and full payment when due, including principal, accrued interest and other charges. If any Authorized Officer, Owner, or Authorized Contact of the Business entity requests or agrees to changes to the Account including additional cards or credit limit increases, You agree that this Agreement will apply to any obligation owed under the Account. This Agreement shall be governed by and construed in accordance with the laws of the state of Tennessee.

Guarantor's Full Name (printed) _____ Guarantor's Full Name (printed) _____

Social Security Number _____ Social Security Number _____

Date of Birth _____ Date of Birth _____

Guarantor Signature _____ Guarantor Signature _____

FOR CREDIT UNION USE ONLY

Date _____ Amount Approved \$ _____ Credit Score _____ Account Number _____

Reject Counteroffer Reason _____

Approved Rate _____ Loan Officer Signature _____