

# BUSINESS VISA CREDIT CARD APPLICATION (PLEASE PRINT)

Type of Business/Industry: \_\_\_\_\_ Credit Limit Desired: \$ \_\_\_\_\_

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.

Business Credit Card Applications: If this application is used to apply for a credit card, you understand there are cost(s) associated with the use of the Business Visa credit cards. To request specific information, see your loan officer for details or call toll-free (800) 467-5427.

## BUSINESS INFORMATION

Name of Business (as you would like it 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 Salary/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 (as you would like it to appear on card) \_\_\_\_\_ Title \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License Number and State Issued \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Annual Salary \_\_\_\_\_

## CARDS FOR YOUR EMPLOYEES

First Cardholder's Full Name (as you would like it to appear on card) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Second Cardholder's Full Name (as you would like it 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 accounts including, but not limited to, requesting credit line increases and additional Cardholders.

By signing below, you acknowledge and agree on behalf of the Business entity as the Authorized Officer or Sole Proprietor: 1) that all information provided in connection with this application is correct; 2) that the Credit Union may investigate and exchange reports regarding information on the Authorized Officer and the Business entity with credit reporting agencies and others; 3) that the accounts will be used for business purposes only; 4) to all terms of the Commercial Credit Agreement provided with the cards; 5) that you authorize the Credit Union to provide your application information and any updated application information you provide to its affiliate(s) in connection with other accounts that you may have with those affiliate(s); 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 to add additional cards or accounts. (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); and 7) agree that the Account will be used for business purposes only.

The USA Patriot Act requires that we verify the identity of all account holders. We may ask you or your co-borrower to show proof of your 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. OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy members and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Owner or Authorized Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_ First Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_ Second Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

# BUSINESS VISA CREDIT CARD APPLICATION (CONTINUED)

## BUSINESS GUARANTY AGREEMENT

In this Business Guaranty Agreement (this "Agreement" or this "Guaranty") "You," "Your," and "Guarantor" mean the person(s) designated as a "Guarantor" in the Signature section of this Agreement. "Credit Union," "we," "our," and "us" mean the Credit Union whose name appears on the Agreement or anyone to whom the Credit Union transfers its rights under this Agreement.

Amount of Guaranty - In consideration for Knoxville TVA Employees Credit Union's (the "Credit Union") agreement to lend money or give credit to \_\_\_\_\_ (whether one or more the "Borrower"), you (the "Guarantor(s)"), jointly, severally and in solidio if more than one, personally and unconditionally guarantee prompt and full payment when due the following debt, including principal, accrued interest and other charges: A Visa business credit card issued with a limit of \$\_\_\_\_\_. This Agreement shall be governed by and construed in accordance with the laws of the state of Tennessee.

The undersigned have read and agree to all provisions of this Agreement, including the provisions contained on the following pages. In witness whereof, the undersigned has executed this Agreement under seal as of the date written below.

I hereby acknowledge I have read and accept the "Business Credit Card Addendum" and "Business Credit Card Disclosure" available at [tvacreditunion.com/businessloans](http://tvacreditunion.com/businessloans).

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: Individual Guarantor Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: Individual Guarantor Date: \_\_\_\_\_

## FOR CREDIT UNION USE ONLY

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

Reject  Counteroffer Reason \_\_\_\_\_

Approved Rate \_\_\_\_\_ Loan Officer Signature \_\_\_\_\_