



FINANCIAL CREDIT UNION

VISA Commercial Card Application

Please print in ink.

Check Account Choice: (Only One)

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
<input type="checkbox"/> Other _____	

Credit Limit Request \$ _____ Maximum Credit Line \$50,000	Arbor Financial Account # _____
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BUSINESS INFORMATION

LEGAL NAME OF BUSINESS		DBA OF BUSINESS		TAX I.D. NUMBER	
BUSINESS ADDRESS (STREET & NO.)		CITY	STATE	ZIP	BUSINESS PHONE AREA CODE ()
TYPE OF BUSINESS	NUMBER OF EMPLOYEES	DO YOU <input type="checkbox"/> OWN <input type="checkbox"/> RENT BUSINESS PREMISES?		MONTH/YEAR BUSINESS BEGAN	

REQUIRED FINANCIAL INFORMATION TO COMPLETE APPLICATION (2) YEARS OF TAX RETURNS ARE REQUIRED FOR ALL BUSINESS OWNER(S) AND GUARANTOR(S).

CREDIT INFORMATION ATTACH ADDITIONAL SHEET IF NECESSARY (WITH SIGNATURES)

INSTITUTION NAME AND ADDRESS	BRANCH	LOANS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	OUTSTANDING BALANCE(S) \$
CHECKING ACCOUNT NUMBER/NAME LISTED		SAVINGS ACCOUNT NUMBER/NAME LISTED	

CONDENSED BUSINESS FINANCIAL STATEMENT CREDIT UNION RESERVES THE RIGHT TO REQUIRE ADDITIONAL FINANCIAL INFORMATION.

MONTH AND YEAR OF FINANCIAL STATEMENTS	
MOST RECENT YEAR ANNUAL SALES \$	
MOST RECENT YEAR NET INCOME OR LOSS \$	NET WORTH (TOTAL ASSETS LESS LIABILITIES) \$

ISSUE VISA® COMMERCIAL CARDS TO THE FOLLOWING INDIVIDUALS:

GUARANTOR	GUARANTOR FULL NAME		SOCIAL SECURITY NO.		DATE OF BIRTH	
	DRIVERS LICENSE/STATE ID			EMAIL ADDRESS		
	HOME ADDRESS (STREET & NO.)		CITY	STATE	ZIP	HOME PHONE AREA CODE ()
	ANNUAL SALARY	MONTH MORTGAGE/RENT RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MORTGAGE BALANCE	MONTHLY MORTGAGE PAYMENT	ESTIMATED VALUE OF HOME	HOUSEHOLD SALARY

GUARANTOR	GUARANTOR FULL NAME		SOCIAL SECURITY NO.		DATE OF BIRTH	
	DRIVERS LICENSE/STATE ID			EMAIL ADDRESS		
	HOME ADDRESS (STREET & NO.)		CITY	STATE	ZIP	HOME PHONE AREA CODE ()
	ANNUAL SALARY	MONTH MORTGAGE/RENT RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MORTGAGE BALANCE	MONTHLY MORTGAGE PAYMENT	ESTIMATED VALUE OF HOME	HOUSEHOLD SALARY

AUTHORIZED USER

AUTHORIZED USER FULL NAME		SOCIAL SECURITY NO.	DRIVERS LICENSE/STATE ID	DATE OF BIRTH
HOME ADDRESS (STREET & NO.)		CITY	STATE	ZIP
				HOME PHONE AREA CODE ()

AUTHORIZED USER

AUTHORIZED USER FULL NAME		SOCIAL SECURITY NO.	DRIVERS LICENSE/STATE ID	DATE OF BIRTH
HOME ADDRESS (STREET & NO.)		CITY	STATE	ZIP
				HOME PHONE AREA CODE ()

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this applicant is granted, receipt of such agreement and severally liable for any and all credit extended from time to time.

Authorized officer must be one of the following (check one)

- President/Chairman VP Treasurer Owner

FOR CREDIT UNION USE ONLY

X _____
Signature of Guarantor Title Date

_____/_____/_____
APPROVED DATE

X _____
Signature of Guarantor Title Date

CREDIT LIMIT

X _____
Authorized User Signature

X _____
Authorized User Signature

Approved Limit \$ _____