

Business Platinum Credit Card Application

Amount of credit requested:			Increase m	y current cr	edit limit to:	
(Minimum credit line of \$5,000)						
		Busines	ss Applica	nt Details		
Business Member Number:						
Type of Organization:	Sole Proprietor	Partnership	Association	Club/Organiz	zation	Limited Liability Company
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C-Corporation	S-Corporation		it Corporatio		Other:
Nature of Business:	Manufacturer	Wholesaler	Retailer	Service	Construction	Other:
Legal Business Name:					Federal ID#	
DBA Name, if any:						rt Date:
Business Name to show on card:						
Business Address:					Fiscal year e	nd:
Mailing Address, if different:						
Business Phone:		Cell Phone	e:			Fax:
Website Address:			Em	ail Address:		
Other trade names which you do		business:				
Describe your Product/Service: _						
Is your business a franchise?	Yes No	,				
lf yes, ple						d Franchiser's Financial Statement.
	Bu	siness Ownership	p, Guarant	ors, and N	Management	
List all of	ficers, directors, partners	s, owners, non-owner g	juarantors, an	d stockowne	rs below. Use add	ditional applications if necessary.
Owner/Guarantor #1			Soc. Sec. #	ŧ		Date of Birth:
Home Address:						Phone:
% of Ownership:	Income/Mo	nth:		Dr	iver's License #	
Would Owner/Guarantor #1 like t	o receive a card?	Yes No	If Yes, Mothe	r's Maiden N	ame:	
Owner/Guarantor #2			Soc. Sec. #	ŧ		Date of Birth:
Home Address:						Phone:
% of Ownership:	Income/Mo	nth:		Dr	iver's License #	
Would Owner/Guarantor #2 like t	o receive a card?	Yes No	If Yes, Mothe	r's Maiden N	ame:	
Owner/Guarantor #3			Soc. Sec. #	ŧ		Date of Birth:
Home Address:						Phone:
% of Ownership:		nth:		Dr	iver's License #	
Would Owner/Guarantor #3 like t	o receive a card?	Yes No	If Yes, Mothe	r's Maiden N	ame:	
Owner/Guarantor #4			Soc. Sec. #	E		Date of Birth:
Home Address:						Phone:
% of Ownership:	Income/Mo	nth:		Dr	iver's License #	
Would Owner/Guarantor #4 like t	o receive a card?	Yes No	If Yes, Mothe	r's Maiden N	ame:	
		Au	thorized U	sers		
Lista	anv business emplovee(s				eceive a Visa Bus	iness Platinum Credit Card.
Authorized User #1						f Birth:
Home Address:						iden Name:
Χ				Date	:	
Authorized User #2		Soc. S	Sec. #		Date o	f Birth:
Home Address:						liden Name:
X				Date	:	
Authorized User #3		Soc S	Sec #		Date o	f Birth:
Home Address:						iden Name:
Χ						
Authorized User #4			Sec. #			f Birth:
Home Address:		500.8	. #			iden Name:
X				Date		
*		Schedule	of Rusine		-	
List all loops laces and more						
LIST AII IOAIIS, IEASES, TEHT, MOR		ecessary to include uti				aranties, commitments, contingent liabilities, etc. It ed.

Collateral	Amount Owed	Payment	Interest Rate	Maturity Date
	Collateral	Collateral Amount Owed	Collateral Amount Owed Payment Image: Collateral Image: Collateral Image: Collateral Image: Collateral Image: Collateral Image: Collateral	CollateralAmount OwedPaymentInterest RateImage: Amount OwedPaymentInterest RateImage: Amount OwedImage: Amount Owed <t< td=""></t<>

Schedule of Business Assets

List current, fixed, inventory, A/R, and other assets. In the event your business does not qualify for an unsecured line of credit, Ideal CU may review your application for a secured line of credit using one of the listed business assets.

Business Asset or Property Location	Description of Collateral	Account or Est. Value	Collateral for a Loan?	Loan Balance

		1
		1

Check here if you are willing to offer personal assets to secure a line of credit for your business.

Please provide the following supporting information with this application

Business Income Tax Returns including all schedules for the last 3 years (2 years for aggregate loan balance(s) under \$50K) Personal Income Federal and State Tax Returns, including all schedules for the last 3 years for EACH applicant (2 years for aggregate loan balance(s) under \$50K) Year-to-date Business Financial Statements (Balance Sheet and Income Statement), if last year-end is greater than ninety (90) days from application date

Visa Agreement and Authorized Signatures

X :	Title:	 Date:	
X:	 Title:	 Date:	
X :	Title:	 Date:	
X:	Title:	 Date:	
X:	Title:	 Date:	

For Credit Union Use Only								
Card #1	_ \$	В	Н	Card #1	\$	В	Н	Date:
Card #2	\$	В	Н	Card #2	_ \$	В	Н	R. Score:
Card #3	\$	В	Н	Card #3	_ \$	В	Н	Agent No
Card #4	\$	В	Н	Card #4	_ \$	В	Н	Loan Officer:
Autopay Requested		Y	Ν					Loan Officer #