

**VARIABLE INTEREST RATE BUSINESS VISA®**

**BUSINESS INFORMATION**

|                                     |  |   |                             |                      |                      |
|-------------------------------------|--|---|-----------------------------|----------------------|----------------------|
| BUSINESS' LEGAL NAME                |  | BUSINESS NAME TO APPEAR ON CARD (LIMIT 21 SPACES) |                             | BUSINESS MEMBER #    | BUSINESS PHONE #     |
| <input type="text"/>                |  | <input type="text"/>                              |                             | <input type="text"/> | <input type="text"/> |
| BUSINESS STREET ADDRESS (NO PO BOX) |  | CITY  | STATE                       | ZIP                  |                      |
| <input type="text"/>                |  | <input type="text"/>                              | <input type="text"/>        | <input type="text"/> |                      |
| REQUESTED AMOUNT                    | IS THIS AN NEW REQUEST OR A CREDIT INCREASE REQUEST? | # NUMBER OF CARDS                                 | USE OF FUNDS                |                      |                      |
| <input type="text"/>                | <input type="text"/>                                 | <input type="text"/>                              | <input type="text"/>        |                      |                      |
| BUSINESS START DATE                 | TAX ID   | GROSS ANNUAL REVENUE                              | NET PROFIT LAST FISCAL YEAR | NUMBER OF EMPLOYEES  |                      |
| <input type="text"/>                | <input type="text"/>                                 | <input type="text"/>                              | <input type="text"/>        | <input type="text"/> |                      |
| BUSINESS ENTITY TYPE                |  |   | BUSINESS DESCRIPTION        |                      |                      |

**OWNER/AUTHORIZED OFFICER INFORMATION**

**1 NAME TO APPEAR ON CARD (LIMIT 21 SPACES)**

|                      |                             |                               |                      |                      |                      |
|----------------------|-----------------------------|-------------------------------|----------------------|----------------------|----------------------|
| FIRST NAME           | M. I.                       | LAST NAME                     | TITLE                | DATE OF BIRTH        | CELL PHONE #         |
| <input type="text"/> | <input type="text"/>        | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOME ADDRESS         |                             | CITY                          | STATE                | ZIP                  | HOME PHONE #         |
| <input type="text"/> |                             | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MO. PAYMENT          | LENGTH AT CURRENT RESIDENCE | SOCIAL SECURITY NUMBER        | DRIVER'S LICENSE #   | EXPIRATION DATE      |                      |
| <input type="text"/> | <input type="text"/>        | <input type="text"/>          | <input type="text"/> | <input type="text"/> |                      |
| % BUSINESS OWNERSHIP | MEMBER NUMBER               | GROSS ANNUAL PERSONAL INCOME* | SOURCE               | START DATE           |                      |
| <input type="text"/> | <input type="text"/>        | <input type="text"/>          | <input type="text"/> | <input type="text"/> |                      |

**2 NAME TO APPEAR ON CARD (LIMIT 21 SPACES)**

|                      |                             |                               |                      |                      |                      |
|----------------------|-----------------------------|-------------------------------|----------------------|----------------------|----------------------|
| FIRST NAME           | M. I.                       | LAST NAME                     | TITLE                | DATE OF BIRTH        | CELL PHONE #         |
| <input type="text"/> | <input type="text"/>        | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOME ADDRESS         |                             | CITY                          | STATE                | ZIP                  | HOME PHONE #         |
| <input type="text"/> |                             | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MO. PAYMENT          | LENGTH AT CURRENT RESIDENCE | SOCIAL SECURITY NUMBER        | DRIVER'S LIICENSE #  | EXPIRATION DATE      |                      |
| <input type="text"/> | <input type="text"/>        | <input type="text"/>          | <input type="text"/> | <input type="text"/> |                      |
| % BUSINESS OWNERSHIP | MEMBER NUMBER               | GROSS ANNUAL PERSONAL INCOME* | SOURCE               | START DATE           |                      |
| <input type="text"/> | <input type="text"/>        | <input type="text"/>          | <input type="text"/> | <input type="text"/> |                      |

\*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

- IS THE BUSINESS PARTY TO ANY PENDING CLAIM OR LAW SUIT?
- HAS THE BUSINESS EVER DECLARED BANKRUPTCY?
- ARE ANY PRINCIPAL OWNER(S) PARTY TO ANY PENDING CLAIM OR LAW SUIT?
- HAVE ANY OF THE PRINCIPAL OWNER(S) EVER DECLARED BANKRUPTCY?

IF ANY OF THE ANSWERS ABOVE ARE "YES", PLEASE EXPLAIN BELOW:



**Section 4- Authorization for Loan & Signatures**

**PLEASE READ CAREFULLY BEFORE SIGNING:** You certify that all statements in this application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. You authorize us to make such inquiries and gather such information as we deem necessary and reasonable concerning any information provided to us on this application or on any such required document, including inquires to the Internal Revenue Service. You further agree to notify us promptly of any material change in any such information. You authorize us to accept your facsimile signatures on this application and, subsequently, on any other documents associated with the credit for which you are applying. You agree that your facsimile signature will have the same legal force and effect as your original signature. You assume any risk that may be associated with permitting us to accept your facsimile signatures.

The authorized officer(s) who have signed below hereby certify on behalf of the borrowing company that applicant is a valid business entity; that the credit applied for, if approved, will be used for BUSINESS PURPOSES ONLY; that each signer is an authorized signer for the applicant with the authority to enter into contractual arrangements, and that all information provided in connection with this application, including financial statements, is accurate and complete. The borrowing company authorizes NuVision Federal Credit Union to obtain credit ratings and/ or request pay-off information from the borrowing company's lenders, creditors, and/or landlords. The borrowing company also authorizes NuVision Federal Credit Union to contact the borrowing company's CPA or Accountant for any additional information that is required for a thorough understanding of the borrowing company's financial statements.

**AUTHORIZED SIGNATURE**

Signature of Authorizing Company Officer

Date

Signature of Authorizing Company Officer

Date

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact us in writing at the address below, Attn: Commercial Lending or by telephone at 800-444-6327 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.