



# Commercial Credit Card Application

### Credit Applied For

Date	Limit Requested \$	Purpose
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### Applicant Information

Company Name (no DBAs)		Primary Contact			
Address (no P.O. Boxes)					
Mailing Address (if different from above street address)					
Telephone Number	Fax Number	Taxpayer Identification Number	Email Address		
Type of Business Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other					
Annual Sales	Net Income	Net Equity	Years in Business	Number of Employees	State Organized (i.e. AR)
Industry Type	Premises <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Affiliates			

### Principal/Guarantor/Officer #1 Information

Name	Title	% Ownership	
Home Address (no P.O. Boxes)			
Home Telephone Number	Cell Number	Social Security Number	Birth Date

### Principal/Guarantor/Officer #2 Information

Name	Title	% Ownership	
Home Address (no P.O. Boxes)			
Home Telephone Number	Cell Number	Social Security Number	Birth Date

### Principal/Guarantor/Officer #3 Information

Name	Title	% Ownership	
Home Address (no P.O. Boxes)			
Home Telephone Number	Cell Number	Social Security Number	Birth Date

### Authorized User/Additional Cardholder

If You would like to name authorized users and/or additional cardholders, complete the following: (Note: authorized users/additional cardholders listed below will be issued a credit card and have access to Your account).

Name of Additional Cardholder 1	Credit Limit \$	Drivers License Number
Signature	Social Security Number	Birth Date

### Authorized User/Additional Cardholder

If You would like to name authorized users and/or additional cardholders, complete the following: (Note: authorized users/additional cardholders listed below will be issued a credit card and have access to Your account).

Name of Additional Cardholder 2	Credit Limit \$	Drivers License Number
Signature	Social Security Number	Birth Date

### Authorized User/Additional Cardholder

If You would like to name authorized users and/or additional cardholders, complete the following: (Note: authorized users/additional cardholders listed below will be issued a credit card and have access to Your account).

Name of Additional Cardholder 3	Credit Limit	Drivers License Number
Signature	Social Security Number	Birth Date

### Authorized User/Additional Cardholder

If You would like to name authorized users and/or additional cardholders, complete the following: (Note: authorized users/additional cardholders listed below will be issued a credit card and have access to Your account).

Name of Additional Cardholder 4	Credit Limit	
Signature	Social Security Number	Birth Date

### Banking Relationships (Please list only Your business accounts)

BANK	ACCOUNT NUMBER	BUSINESS			CURRENT BALANCE
		CHECKING	SAVINGS	LOAN	
					\$
					\$
					\$
					\$

### Business Loan Documentation Checklist - Indicate Documents Needed by

**Submit with Credit Request**

<input type="checkbox"/> Business Services Application	<input type="checkbox"/> Agreement to Furnish Insurance
<input type="checkbox"/> Continuing Guaranty	<input type="checkbox"/> Assignment Forms
<input type="checkbox"/> Corporate Resolution to Borrow	<input type="checkbox"/> Shares
<input type="checkbox"/> Partnership Borrowing Authorization	<input type="checkbox"/> Certificates
<input type="checkbox"/> Personal Financial Statement (see attached)	<input type="checkbox"/> Stock
<input type="checkbox"/> Business Financial Statement	<input type="checkbox"/> Other _____
<input type="checkbox"/> Three Years' Tax Returns - Personal and Business	_____
<input type="checkbox"/> Business Line of Credit Agreement	_____

### Signatures

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 inquiries 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 and 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 signature.

_____ Signature (Applicant)	_____ Company	_____ Individual/Owners	_____ Title	_____ Date
_____ Signature (Applicant)	_____ Company	_____ Individual/Owners	_____ Title	_____ Date
_____ Signature (Applicant)	_____ Company	_____ Individual/Owners	_____ Title	_____ Date

**IMPORTANT NOTICE:** If Your application for business credit is denied, You have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Arkansas Federal Credit Union, P.O. Box 9, Jacksonville, AR 72078-0009 within 60 days from the date You are notified of Our decision. We will send You a written statement of the reasons for the denial within 30 days of receiving Your request for the statement.

### EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit union is: **National Credit Union Administration, Office of Consumer Protection, 1775 Duke Street, Alexandria, Virginia 22314**