



BUSINESS SERVICES

VISA Business Card Application

Please print in ink.

Credit Limit Request \$ _____ Maximum Credit Limit \$50,000	Arbor Financial Account # _____
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<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
<input type="checkbox"/> Other _____	

BUSINESS INFORMATION

Legal Name of Business		DBA of Business		Tax I.D. Number	
Business Address (Street & No.)		City	State	Zip	Business Phone ()
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 \$	<input type="checkbox"/> + <input type="checkbox"/> - 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			
	Business Address (Street & No.)		City	State	Zip	Business Phone ()	
	Annual Salary	Month Mortgage/Rent <input type="checkbox"/> Own <input type="checkbox"/> Rent	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			
	Business Address (Street & No.)		City	State	Zip	Business Phone ()	
	Annual Salary	Month Mortgage/Rent <input type="checkbox"/> Own <input type="checkbox"/> Rent	Mortgage Balance	Monthly Mortgage Payment	Estimated Value of Home	Household Salary	



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AUTHORIZED USER

Authorized User Full Name		Social Security No.		Drivers License/State ID	Date of Birth
Home Address (Street & No.)	City	State	Zip	Business Phone ()	

AUTHORIZED USER

Authorized User Full Name		Social Security No.		Drivers License/State ID	Date of Birth
Home Address (Street & No.)	City	State	Zip	Business Phone ()	

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 OT THE FOLLOWING (check one)

- President/Chairman
 VP
 Treasurer
 Owner

Signature of Guarantor	Title	Date
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Signature of Guarantor	Title	Date
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Authorized User Signature	Authorized User Signature
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FOR CREDIT UNION USE ONLY

APPROVED	DATE
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APPROVED LIMIT \$ _____