

APPLICATION (continued)

PLEASE ATTACH THE FOLLOWING FINANCIAL AND BUSINESS INFORMATION:

Complete IRS tax returns for your business for the past 1-3 years (depending on the below request):

- 1 year business tax return if Visa Loan Limit Request is \$25,000 or less
- 2 years of business tax returns if Visa Loan Limit Request is \$25,000-\$50,000
- 3 years of business tax returns if Visa Loan Limit Request is \$50,000+

Complete IRS personal tax returns for the past 1-3 years for each owner of the business (depending on the below request):

- 1 year business tax return if Visa Loan Limit Request is \$25,000 or less
- 2 years of business tax returns if Visa Loan Limit Request is \$25,000-\$50,000
- 3 years of business tax returns if Visa Loan Limit Request is \$50,000+

Personal Financial Statement – current within 60 days for all guarantors

Business Formation Documents (Articles of Incorporation/LLC Operating Agreement/Partnership Agreement/etc.)

Other information, as needed

ADDITIONAL CARDS FOR YOUR EMPLOYEES CARDHOLDER NAME(s) (Limit 25 spaces)

1) _____

Position/title _____

Visa Card Loan Limit Request (choose one): ___\$25,000 or less ___\$25,000-\$50,000 ___\$50,000+

2) _____

Position/title _____

Visa Card Loan Limit Request (choose one): ___\$25,000 or less ___\$25,000-\$50,000 ___\$50,000+

3) _____

Position/title _____

Visa Card Loan Limit Request (choose one): ___\$25,000 or less ___\$25,000-\$50,000 ___\$50,000+

4) _____

Position/title _____

Visa Card Loan Limit Request (choose one): ___\$25,000 or less ___\$25,000-\$50,000 ___\$50,000+

CHOOSE ONLY ONE OF THE BELOW:

Option 1 (INITIAL) _____ The total credit line will be shared between all cardholders with the same card number imprinted on all cards with a single monthly statement and a single annual fee. In addition, all cardholders will have cash & convenience check access.

Option 2 (INITIAL) _____ Separate credit lines for each cardholder with different card numbers imprinted on each card with individual monthly statements for each cardholder and individual annual fees. All cardholders will have cash & convenience check access.

SIGNATURES:

Owner/Title _____ Owner Signature _____ Date _____

Owner/Title _____ Owner Signature _____ Date _____

Owner/Title _____ Owner Signature _____ Date _____

Owner/Title _____ Owner Signature _____ Date _____

On behalf of the Business and myself, I (we) hereby affirm that the foregoing information contained in this Application for a Professional Platinum Visa is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Credit Union is relying on this application in making loan(s) to the Business. Credit Union or its designee is authorized to make any investigation of the credit of the Business, business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to the business's financial condition or my own. I understand that Credit Union will retain this business services credit application whether or not credit is granted. By submitting this Application, I request on behalf of myself and the Business that iQ Credit Union establish one or more Professional Platinum Visa account(s) ("Account") and issue a Professional Platinum Visa Card ("Card") accessing such Account, to me and to any additional Cardholders I designate. I understand that all information provided in this application must be verifiable and accurate. Both the Business and I shall be liable individually and jointly for all charges and balances on the Account. The Account(s) established and Card(s) issued hereunder shall be used for business purposes and shall be governed by the Card Agreement provided when the Card is issued, and as it may be amended from time to time.

Federal law requires iQ Credit Union to obtain, verify and record information that identifies each person and Business who opens an account, in order to help the government fight the funding of terrorism and money laundering activities. To process the Application, iQ Credit Union must have my name, street address, date of birth and other identifying information such as my Social Security Number. Also, iQ Credit Union must obtain the Business' legal name, its street address, and its Taxpayer Identification Number. I understand that iQ Credit Union may ask for additional identifying documents from me and the Business as well.

iQ Credit Union is authorized to investigate, obtain, and exchange credit reports about the Business and me from time to time. Information gathered about me or the Business may be used to verify my identity and the identity of the Business and to determine eligibility for the Account and any renewal or extension of credit. If asked, iQ Credit Union will indicate whether a consumer credit report has been obtained and the name and address of the agency that supplied the report.

If this application for an Account is approved, a specific credit line or lines will be assigned based upon my credit report and/or the credit report of the Business, along with the tax returns and financial statement(s) submitted. Once I receive the Card, I must contact iQ Credit Union if a higher credit line is desired. I understand that iQ Credit Union may require that I submit additional documentation in order to process my request for a credit line increase. The Authorized Officer must be 18 years of age or older. By using the Card, authorizing its use, or not canceling the Account within 30 days after receipt of the Card, the Business and I agree to the terms of the Card Agreement, which will be sent with the card.



Branches

Battle Ground Branch

109 S.W. 1st Street
close to Schuck's Auto Supply

Camas Branch

Coming Soon!

City Branch

601 E. 16th Street
corner of 16th and F Street

Clark College Branch

Gaiser Hall
1800 E. McLoughlin Blvd.

Fisher's Landing Branch

2620 S.E. 165th Avenue
near 164th and McGillivray

Hazel Dell Branch

305 N.E. 81st Street
in the JM Plaza

Ridgefield Branch

2 South 56th Place, Ste 105
Off of I-5

Salmon Creek Branch

13505 N.E. 10th Avenue
west of I-5 and 205, 134th
Street Exit

Vancouver Mall Branch

7017 N.E. Vancouver Mall Dr.
corner of Andresen and
Vancouver Mall Drive

PROFESSIONAL PLATINUM VISA® APPLICATION



We're here to

help your

business grow!

iQ CREDIT
UNION

Financial Intelligence Pays Off

iQ CREDIT
UNION

Financial Intelligence Pays Off

Managing your business expenses just got easier—with a Professional Platinum Visa Card from iQ Credit Union!

At iQ Credit Union, we know you're busy running your business, and that you need creative financial solutions to help you stay on top of the game. That's why we offer a Visa card to meet the unique financial needs of your business. A Visa business card from iQ Credit Union offers:

Quarterly cash rebates up to \$1,200 per year

Great low rates

Convenience — Visa is accepted by millions of merchants nationwide

Detailed monthly statements that make it easy to track business expenses

Improved cash flow



To apply for your Visa business card, simply fill out the attached application and return to any iQ CU branch. If you have any questions, contact an iQ representative at (360) 695-3441 or (800) 247-4364.

At iQ CU, Visa business cards are just one way we're making your business our priority!

iQ CREDIT UNION PROFESSIONAL PLATINUM VISA APPLICATION

BUSINESS NAME TO APPEAR ON CARD(s) (Limit 25 spaces) STATE UNIFORM BUSINESS IDENTIFIER (UBI) Number FEDERAL TAX IDENTIFICATION NUMBER (EIN or SSN)

BUSINESS TYPE Sole Proprietorship Partnership Corporation LLC Other Non-Profit

All businesses must submit personal & business tax returns, financial statements & business formation documents along with this application.

BUSINESS LEGAL NAME (and DBA, if applicable)

STREET ADDRESS (required by USA Patriot Act) CITY STATE ZIP

MAILING ADDRESS (if different from above) CITY STATE ZIP

BUSINESS PHONE CELL PHONE EMAIL ADDRESS* BUSINESS FAX

DESCRIPTION OF BUSINESS YEARS IN BUSINESS

DESCRIPTION OF PRODUCTS/SERVICES # OF EMPLOYEES 1 - 5 6 - 10 11 - 50 51+

**By providing your email address, you agree that iQ CU may send marketing or seminar information regarding products and services to you electronically.*

Visa Card Loan Limit Request (choose one): \$25,000 or less \$25,000-\$50,000 \$50,000+

AUTHORIZED SIGNER NAME TO APPEAR ON CARD (Limit 25 spaces)

Note: Authorized signer is personally responsible for charges on all accounts.

HOME STREET ADDRESS (complete if different from above) CITY STATE ZIP

GROSS ANNUAL INCOME SOCIAL SECURITY NUMBER DATE OF BIRTH HOME PHONE

TYPE OF CARD REQUEST Initial One: Business Owner Card Employee Card Owner & Employee Cards

Initial One: 1st time Request Additional Request (already have a Professional Platinum Visa) # of cards requested

