

# iQ Credit Union Professional Platinum Visa Application

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



Business Type:  Sole Proprietorship  Partnership  Corporation  LLC  Other  Non-Profit

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: Business Fax:

Description of Business: Years in Business:

Description of Products/Services: Visa Card Loan Limit Request: Number of Employees:

Business Name To Appear On Card: (Limit 19 spaces)

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State Uniform Business Identifier (UBI) Number

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Authorized Signer Name to Appear On Card: (Limit 19 spaces)

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Federal Tax Identification Number (EIN or SSN)

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

Home Address (if different from above) City: State: Zip:

Gross Annual Income: SSN: Date of Birth: Home Phone :

## Need cards for your employees?

### ADDITIONAL CARD

Cardholder Name: (Limit 19 Spaces)

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Position/Title: Visa Card Loan Limit Request:

### ADDITIONAL CARD

Cardholder Name: (Limit 19 Spaces)

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Position/Title: Visa Card Loan Limit Request:

### ADDITIONAL CARD

Cardholder Name: (Limit 19 Spaces)

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Position/Title: Visa Card Loan Limit Request:

### ADDITIONAL CARD

Cardholder Name: (Limit 19 Spaces)

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Position/Title: Visa Card Loan Limit Request:

### SIGNATURES

Owner/Title: Owner Signature: Date:

Owner/Title: Owner Signature: Date:

Owner/Title: Owner Signature: Date:

Owner/Title: Owner Signature: Date:

Owner/Title: Owner Signature: Date:

(application continued on next page)

TYPE OF CARD REQUEST			
PLEASE INITIAL ONE:		PLEASE INITIAL ONE:	
Business Card Owner		First Time Request:	
Employee Card		Additional Request:	
Owner & Employee Cards		# of Cards Requested	

**PLEASE ATTACH THE FOLLOWING FINANCIAL AND BUSINESS INFORMATION:**

- Personal Tax Return for last two years
- Business Tax Return for last two years
- iQ's Individual Financial Statement  
*(Current within 60 days for all guarantors)*
- Your Business Formation Documents  
*(Articles of Incorporation & Bylaws LLC Operation Agreement/Partnership Agreement, etc.)*

*(In some cases, additional information may be required.)*

**PLEASE INITIAL ONE:**

**OPTION 1:** (Initial) \_\_\_\_ The total credit line will be shared between all cardholders with a single monthly statement and a single annual fee. In addition, all cardholders will have cash and convenience check access.

**OPTION 2:** (Initial) \_\_\_\_ Separate credit lines for each cardholder with different card numbers imprinted on each card with individual monthly statements and individual annual fees. All cardholders will have cash and convenience check access.

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 the 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 owners(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' 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) issue 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.

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

