



**VISA PLATINUM BUSINESS CARD APPLICATION**

Business Account Number
Credit Limit Requested (up to \$50,000) \$

Thank you for applying for a NASA Federal Credit Union VISA Platinum Business Card. Please complete this application and sign and date where indicated. You can return your completed application to NASA Federal Credit Union, Business Loan Department or fax to 301-249-0799. For more details, please contact your business loan officer at 301-249-1800 or 1-888-NASA-FCU.

**PLEASE TELL US ABOUT YOUR BUSINESS**

Business Name As You Would Like It To Appear On Card (limited to 24 characters, including spaces.)		
Business Name (if different from above)		
Street Address (No P.O. Box)		Mailing Address (if different from street address)
City/State/Zip		City/State/Zip
Business Phone Number ( )		Business Fax Number ( )
Business E-Mail Address		Business Website
SIC / NAICS Code		Type of Business (i.e.: Restaurant)
Tax I.D. Number/Social Security Number		Number of Employees
State of Organization	Date Established	Present Mgmt Since (Year)
Legal Status <input type="checkbox"/> Sole Proprietorship Corporation (Subchapter S or C) Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____		
Description of Business Operations		

**AUTHORIZED SIGNER INFORMATION**

*Note: The Authorized Signer is personally liable for all charges on the Account by any cardholder.*

The Authorized Signer must be one of the following (check one):	
Owner	<input type="checkbox"/> Partner
President	<input type="checkbox"/> Vice President
Trustee	<input type="checkbox"/> Officer
Authorized Signer Name (Last/First/Middle)	Authorized Signer Social Security Number
Home Address	Date of Birth
City/State/Zip	Home Phone Number ( )

**AUTOMATE PAYMENTS – NO FEE!**

*You may opt to have monthly payments automatically deducted from your business account.*

Deduct Automatic Payments From Account Number	Amount To Deduct Each Month
_____	<input type="checkbox"/> Full Balance
<input type="checkbox"/> Savings	<input type="checkbox"/> Minimum Amount Due
On Date (1 <sup>st</sup> -28 <sup>th</sup> ): _____	<input type="checkbox"/> Amount Of Your Choice: \$
<input type="checkbox"/> Checking	

**PLEASE CONTINUE**

## BUSINESS CARDHOLDER INFORMATION

*There is no fee for additional employee cards. Note: names on card(s) are limited to 24 characters, including spaces.*

Authorized Signer Primary Cardholder Name	Social Security Number	Individual Credit Line* \$
Cardholder #2	Social Security Number	Individual Credit Line* \$
Cardholder #3	Social Security Number	Individual Credit Line* \$
Cardholder #4	Social Security Number	Individual Credit Line* \$
Total Of All Lines:		\$

\* You may opt to indicate individual credit lines for additional employees totaling no more than the approved credit limit. Individual credit lines must be in increments of \$100 with a minimum of \$500 per card. If you are approved for a credit limit less than you requested, limits for each card will be reduced proportionately.

**AUTHORIZED USER:** To add one or more authorized users to your account, please request a separate authorization.

## TRANSFER YOUR BALANCES NOW AND SAVE – NO FEE!

*Please attach sheet for additional payees.*

Payee 1		Payee 2	
Payment Address		Payment Address	
City/State/Zip		City/State/Zip	
Account Number	Exact Amount To Transfer \$	Account Number	Exact Amount To Transfer \$

## SUPPORT MATERIALS REQUIRED

*The following information may be required to process loan request.*

<ul style="list-style-type: none"> <li>● Business Plan</li> <li>● Business Financial Statements                             <ul style="list-style-type: none"> <li>- Accountant Prepared</li> <li>- Fiscal Year End(s)</li> <li>- Interim Statement(s)</li> <li>- Tax Returns</li> <li>- Projections</li> <li>- Accountant Name/Contact Info.</li> </ul> </li> <li>● Management Résumés                             <ul style="list-style-type: none"> <li>- Personal Financial Statements</li> <li>- Tax Returns</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Management Reports                             <ul style="list-style-type: none"> <li>- Key Staff Names/Duties</li> <li>- Accounts Receivable</li> <li>- Accounts Payable</li> <li>- Inventory Report</li> <li>- Work in Progress (Contracts)</li> <li>- Customer List(s)</li> <li>- Trade Reference List</li> <li>- Business Banking Statements</li> <li>- Schedule of Term Debts</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Insurance                             <ul style="list-style-type: none"> <li>- Business Policies</li> <li>- Agent Name/Contact Info</li> </ul> </li> <li>● Business Documentation                             <ul style="list-style-type: none"> <li>- Federal Tax ID Number</li> <li>- Business License</li> <li>- Articles of Incorporation</li> <li>- Bylaws</li> <li>- Business Office Lease Agmt.</li> <li>- Deed of Trust</li> </ul> </li> </ul>
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## AUTHORIZED SIGNER SIGNATURE

You certify that you are an Authorized Signer of the Business named above with the authority to bind the Business to the NASA Federal VISA Platinum Business Card Terms And Conditions. You also certify that this application and all other support materials including financial statements are complete and correct. You authorize NASA Federal Credit Union to obtain credit reports and make other inquiries such as requests from the IRS or other organizations necessary to process your loan request. If credit is granted, you understand that you and the Business are individually and jointly liable for paying charges on the Account and agree to the NASA Federal VISA Platinum Business Card Terms And Conditions. You understand and agree that your account, including applicable rates and further use of credit, are subject to periodic review at the discretion of NASA Federal Credit Union.

\_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date

## CREDIT UNION USE ONLY

Employee	Date Received	Notes
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