



Business VISA Credit Card Application

How to Apply

1. Complete both pages of the application and sign where indicated.
2. Attach a complete copy of the most recent business and personal Federal Tax Returns including all K-1s.
3. Return the completed package to your local OneAZ Credit Union branch.

Please note that an incomplete or unsigned application will delay processing.

Business Information

Business Information

Federal law requires that the Credit Union collects and verifies the business' name, physical street address, and tax identification number.

Business Name		Account Number	TIN
Business Type	Year Established	Years of Current Ownership	
Annual Gross Revenues		Annual Net Profit	
Business Legal Structure (Select one):			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General/Limited Partnership		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-profit Organization		
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Other _____		

Business Address

Business Physical Address		
City	State	ZIP

Billing Address (if different from Business Address)

Billing Address		
City	State	ZIP

Ownership Percentage

Owner/Officer Name	Percentage Owned

Request Information

Primary Business Owner/Authorized Officer Name	Total Limit Requested
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Cardholder Information

Print each name as it should appear on the card (19 character limit). Additional cards are provided at no cost to the member.

Cardholder Name	Requested Limit



Business VISA Credit Card Application

Applicant Information

1. Business Owner or Additional Applicant

Full Name		Birth Date	SSN
Employer/Position		Length ____ yrs ____ mo	Phone
Home Street Address	City	State	ZIP
Residency Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident		Property Ownership <input type="checkbox"/> Rent <input type="checkbox"/> Own Years _____	
Driver's License Number	State	Issue Date	Expiration Date

2. Business Owner or Additional Applicant

Full Name		Birth Date	SSN
Employer/Position		Length ____ yrs ____ mo	Phone
Home Street Address	City	State	ZIP
Residency Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident		Property Ownership <input type="checkbox"/> Rent <input type="checkbox"/> Own Years _____	
Driver's License Number	State	Issue Date	Expiration Date

3. Business Owner or Additional Applicant

Full Name		Birth Date	SSN
Employer/Position		Length ____ yrs ____ mo	Phone
Home Street Address	City	State	ZIP
Residency Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident		Property Ownership <input type="checkbox"/> Rent <input type="checkbox"/> Own Years _____	
Driver's License Number	State	Issue Date	Expiration Date

4. Business Owner or Additional Applicant

Full Name		Birth Date	SSN
Employer/Position		Length ____ yrs ____ mo	Phone
Home Street Address	City	State	ZIP
Residency Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident		Property Ownership <input type="checkbox"/> Rent <input type="checkbox"/> Own Years _____	
Driver's License Number	State	Issue Date	Expiration Date

Terms & Conditions

I (we) hereby affirm that the foregoing information contained in the application is presented for the purpose of obtaining credit as of the date indicated and is true, complete, and correct. Arizona State Credit Union ("the Lender") is authorized to make any investigation of my credit or employment status either directly or through any agency employed by the Lender for that purpose. I (we) agree to inform the Lender immediately of any matter that will cause any significant change in my (our) financial condition. If the Lender opens an account based on this application, I (we) will be individually liable on an individual account, or individually and jointly liable if the account is a joint account, for all authorized charges and for all fees referred to in the most recent Business Credit Card Agreement & Guaranty. I (we) agree to all terms and conditions set forth by any amendments to the Business Credit Card Agreement & Guaranty.

By signing below, the Applicant(s) acknowledge and agree on behalf of the business entity and myself (us) as Owner(s) or Authorized Officer(s) to the aforementioned terms and grant and consent to a lien on my (our) shares with the Lender (except IRA and Keogh accounts) and on any dividends due or to become due to me (us) from the Lender to the extent that the I (we) owe any unpaid credit card balance.

Acceptance

My signature below certifies that I agree to the Terms & Conditions above.

Business Owner/Additional Applicant Signature	Date
Business Owner/Additional Applicant Signature	Date
Business Owner/Additional Applicant Signature	Date
Business Owner/Additional Applicant Signature	Date