



## Business Credit Card Application

### BUSINESS INFORMATION

Company Name		Member Number		Tax ID	
Entity Type		Business Industry		Establish Date	
Business Description		Monthly Gross Income		Monthly Net Income	
Primary Bank	Existing Loan Balances	Existing Monthly Payments	Account Balances		

### CONTACT INFORMATION

Phone		Cell		Email	
Business Physical Address			City	State	ZIP
Occupancy Status			Occupancy Duration		
Business Mailing Address <input type="checkbox"/> Same as Physical Address			City	State	ZIP

### BUSINESS OWNERS

Owner	First Name	Last Name	SSN	% Owned	US Citizen	Title
1					<input type="checkbox"/>	
2					<input type="checkbox"/>	
3					<input type="checkbox"/>	
4					<input type="checkbox"/>	

### APPLICANT / GUARANTOR INFORMATION (1) [Please complete this information for all owners with 20% or more ownership]

First Name	Middle Name	Last Name	Member Number	Membership Length	
SSN	Date of Birth	Citizenship	Marital Status	<input type="checkbox"/> Joint request <input type="checkbox"/> Sole & Separate request	
Driver's License Number		State	Issue Date	Expiration Date	

### SPOUSE INFORMATION [FOR JOINT REQUESTS]

First Name	Middle Name	Last Name	SSN	Date of Birth
Driver's License Number		State	Issue Date	Expiration Date

### CONTACT INFORMATION

Home Phone		Work Phone		Email	
Street Address			City	State	ZIP
Occupancy Status			Occupancy Duration		

### EMPLOYMENT INFORMATION

Employment Status	Job Title	Employer	Employed Duration
Spouse Employment Status	Spouse Job Title	Spouse Employer	Spouse Employed Duration

### DECLARATION

Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed  Yes  No under Chapter 13, had property foreclosed upon or repossessed in the last 7 years, or been a party in a lawsuit?

**APPLICANT / GUARANTOR INFORMATION (2)** [Please complete this information for all owners with 20% or more ownership]

First Name	Middle Name	Last Name	Member Number	Membership Length
SSN	Date of Birth	Citizenship	Marital Status	<input type="checkbox"/> Joint request <input type="checkbox"/> Sole & Separate request
Driver's License Number	State	Issue Date	Expiration Date	

**SPOUSE INFORMATION** [FOR JOINT REQUESTS]

First Name	Middle Name	Last Name	SSN	Date of Birth
Driver's License Number	State	Issue Date	Expiration Date	

**CONTACT INFORMATION**

Home Phone	Work Phone	Email		
Street Address	City	State	ZIP	
Occupancy Status	Occupancy Duration			

**EMPLOYMENT INFORMATION**

Employment Status	Job Title	Employer	Employed Duration
Spouse Employment Status	Spouse Job Title	Spouse Employer	Spouse Employed Duration

**DECLARATION**

Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed  Yes  No under Chapter 13, had property foreclosed upon or repossessed in the last 7 years, or been a party in a lawsuit?

**BUSINESS CREDIT CARD REQUEST INFORMATION**

Requested Credit Limit	Use of Proceeds
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**CARDHOLDER INFORMATION**

First Name	M.I.	Last Name	Suffix	SSN	DOB	Credit Limit	Authorized?
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

**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. OneAZ 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 / Guarantor Signatures	Date
1.	
2.	
3.	
4.	

**To complete your request, please return this signed application along with the following information:**  
 Business Tax Return       Personal Tax Return including K-1s for all Guarantors       Other \_\_\_\_\_



## Certification of Beneficial Owner(s)

### A-B. GENERAL INFORMATION

Name of Natural Person (Applicant)	Title of Natural Person (Applicant)	
Name of Legal Entity (Borrower)		
Address of Legal Entity (Borrower)		
City	State	ZIP

### C. OWNERSHIP INFORMATION

Please complete the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 20 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please write "Not Applicable".

Name	Date of Birth	Street Address (Residential or Business)	Social Security Number (US Persons)	Passport # and Country of Issuance or similar ID # (Foreign Persons) <sup>1</sup>

<sup>1</sup> In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

### D. MANAGEMENT INFORMATION

Please complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as: an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under Section C above may also be listed in this Section D.

Name	Title	Date of Birth	Street Address (Residential or Business)	Social Security Number (US Persons)	Passport # and Country of Issuance or similar ID # (Foreign Persons)

<sup>1</sup> In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, \_\_\_\_\_, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Legal Entity Identifier:                      813613305                      (Optional)