



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 all married applicants applying for Joint Credit, the section below is required.]

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	

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 all married applicants applying for Joint Credit, the section below is required.]

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

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.	