



Financial information for all owners may be required before final approval.

BUSINESS VISA APPLICATION

BUSINESS VISA

Please check card type applying for: **Business Classic Credit Card** **Business Platinum Rewards Credit Card**

Individual (Each cardholder receives statement) Consolidated Pay (All transactions on primary cardholder statement)

Total Limit Requesting \$ _____ (Minimum \$500)

Increase Limit to \$ _____ (Current account # _____)

Month ending Fiscal Year _____

Business Administrator Name: _____ E-Mail Address: _____

BUSINESS INFORMATION

Legal Business Name		Business Phone	Federal Tax ID or Social Security #
DBA or Registered Name		Date Business Established	Owned Since
Business Street Address (no P.O. Boxes)	City	State	Zip
County			
Mailing Street Address (if different)	City	State	Zip
No. of Employees			
State of Incorporation	Date Incorporated	Business E-mail Address	Business Fax Number
Ownership Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership
	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association
		<input type="checkbox"/> Non-profit	<input type="checkbox"/> Other: _____
Nature of Business:			
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retail	<input type="checkbox"/> Services
<input type="checkbox"/> Contractor/Construction	<input type="checkbox"/> Other: _____		
Please describe your product/service: _____			

BUSINESS OWNER(S)/GUARANTOR(S)/ORGANIZATIONAL OFFICER(S) INFORMATION:

Persons opening an account on behalf of a legal entity must provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Ownership %	Title
Address	SS#/Tax ID	Date of Birth
Identification: Primary ID Type	Primary ID Number	
Issued by (State/Country/Province)		
Name	Ownership %	Title
Address	SS#/Tax ID	Date of Birth
Identification: Primary ID Type	Primary ID Number	
Issued by (State/Country/Province)		
Name	Ownership %	Title
Address	SS#/Tax ID	Date of Birth
Identification: Primary ID Type	Primary ID Number	
Issued by (State/Country/Province)		
Name	Ownership %	Title
Address	SS#/Tax ID	Date of Birth
Identification: Primary ID Type	Primary ID Number	
Issued by (State/Country/Province)		

CONTROLLING PERSON: Any person transacting on behalf of entity including, but not limited to owners

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 above may also be listed in this section.)

Name/Title	Date of Birth	Address (Res. or Bus. Street Address)	SS#/Tax ID
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BENEFICIAL OWNER(S) INFORMATION (Persons opening an account on behalf of a legal entity must provide the following information)

Name and Title of Natural Person Opening Account:

Name, Type and Address of Legal Entity for Which the Account is Being Opened:

I, _____ (Name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

By: _____ Date: _____

BUSINESS INFORMATION

	YES	NO
<input type="checkbox"/> Does the business applicant or guarantor(s) own 20% or more of another company? (If yes, attach tax returns)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Has the business applicant used or done business under any other names?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does the business applicant or guarantor(s) hold any assets in trust? (If yes, provide a copy of the complete Trust Agreement.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is the business applicant an endorser, guarantor or co-maker for obligations not listed on its financial statements?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is the business applicant or any guarantor(s) a party to any claim or lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Has the business applicant or any guarantor(s) ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does the business applicant use hazardous substances in the normal course of business?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Has the business applicant ever failed to comply with any laws, rules or regulations relating to hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are there any state or federal tax liens pending or filed against the business applicant or any guarantor(s)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the above questions attach an explanation and details of each.

CURRENT BUSINESS DEPOSITORY RELATIONSHIPS

Institution Name	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Date Opened	Current Balance \$
Institution Name	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Date Opened	Current Balance \$
Institution Name	Phone	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Date Opened	Current Balance \$

CURRENT BUSINESS LOAN RELATIONSHIPS

Creditor	Type*	Collateral	Interest Rate	Maturity Date	Current Balance	Monthly Payment
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Totals					\$	\$

* Type: Line (L), Term (T), Lease (LE), Other (O)

List on a separate sheet of paper all leases, guaranties, commitments, contingent liabilities or any other obligation not listed above or shown on the financial statements.

AUTHORIZATION/SIGNATURES

The undersigned certify that he/she is authorized to execute this Application for the business named above ("Applicant"), is an authorized cardholder of applicant or guarantor and that all information and documents submitted, including financial statements, and federal income tax returns, are true, correct and complete. The undersigned further agree to notify Mid-Minnesota Federal Credit Union (MMFCU) promptly of any material change in any such information. The undersigned authorize MMFCU to: 1) obtain additional information concerning my financial condition, employment and credit history including without limitation, consumer and/or business reports, inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as applicant and individuals at any time; 2) furnish such information and share any credit experience with me to others and answer any questions about my credit experience and other financial relationships with MMFCU; 3) disclose account information as required by law. The undersigned further authorize MMFCU to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The undersigned understand and agree that this application is subject to final credit approval and that additional information may be required in order to make a final credit decision. This application and all supporting information including but not limited to financial statements and tax returns shall remain the property of MMFCU. The undersigned understand it may be a federal crime punishable by a fine and/or imprisonment to knowingly make false statements or provide incomplete or incorrect information on loan applications to financial institutions.

In order to induce MMFCU to issue such card(s) and grant such credit, and in consideration of the issuance of such card(s), the undersigned, authorized signer(s), hereby certifies and agrees that a) he/she is an officer of the above named Business authorized to enter into this agreement; b) each person named above is and shall continue to be authorized to use the card(s) issued, and to incur charges against the Business's credit card account, until the card(s) are returned to MMFCU and MMFCU is authorized to pay for the account of the Business all items charged to its account; c) this account is to be used for business purposes only; and d) this account, if approved, will be governed by the terms and conditions to be sent in the "Visa Terms and Conditions" Agreement and disclosures.

The undersigned cardholder(s) hereby certifies and agrees that a) he/she will be liable for the charges to the account as to that individual's account charges whether made by the individual or others; b) he/she is and shall continue to be authorized to use the card(s) issued, and to incur charges against the Business's credit card account, until the card(s) are returned to MMFCU and MMFCU is authorized to pay for the account of the Business all items charged to its account; c) this account is to be used for business purposes only; and d) this account, if approved, will be governed by the terms and conditions to be sent in the "Visa Terms and Conditions" Agreement and disclosures.

1.

Authorized User/Signer/Guarantor	Title	Date
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2.

Authorized User/Signer/Guarantor	Title	Date
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3.

Authorized User/Signer/Guarantor	Title	Date
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4.

Authorized User/Signer (Non-Profit Only)	Title/Position	Date
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5.

Authorized User/Signer (Non-Profit Only)	Title/Position	Date
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6.

Additional Cardholder	Title/Position	Date
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7.

Additional Cardholder	Title/Position	Date
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8.

Additional Cardholder	Title/Position	Date
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Adverse Action Notice

(Applicant copy is located on page 4 of this form.)

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Mid-Minnesota Federal Credit Union is the Chicago Regional Office of the Federal Trade Commission, 55 East Monroe Street, Suite 1437, Chicago, Illinois 60603.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid-Minnesota Federal Credit Union, Business Member Services, P.O. Box 2907, Baxter, MN 56425.

ADMINISTRATION ONLY

<p>Statement</p> <p><input type="checkbox"/> Individual <i>(Each cardholder receives statement)</i></p> <p><input type="checkbox"/> Consolidated <i>(All transactions on primary cardholder statement)</i></p>	<p>360 Access</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Program Admin. _____</p> <p>Program Admin. Email _____</p>	<p>Card Ordered</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Adverse Action Notice

Applicant's Copy

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If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid-Minnesota Federal Credit Union, Business Member Services, P.O. Box 2907, Baxter, MN 56425 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Applicant: Retain for your records