Business Platinum VISA Application COMPANY INFORMATION

NOTE: You must be an authorized representative, partner, officer, or agent of the Business to submit this application. If the information is incomplete, we may not be able to process your request. You and the Business shall be liable for all charges and balances on the account. Federal law requires us to verify the business name, street address, and Tax Identification Number.					
COMPANY LEGAL NAME				ACCOUNT NUMBER	
NAME OF BUSINESS (AS YOU WOULD LIKE IT TO APPEAR ON YOUR CARD, NOT TO EXCEED 21 CHARACTERS)				PHONE	
STREET ADDRESS		CITY		STATE	ZIP
BILLING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP
FEDERAL TAX ID# (REQUIRED)	GROSS ANNUAL SALES/REVENUE (REQ		UIRED)		
INDUSTRY: □ PROFESSIONAL □ MANUFACTURING □ RETAIL □ SERVICING □ AGRICULTURE □ OTHER		NUMBER OF EMPLOYEES		YEAR BUSINESS STARTED	YEARS AS OWNER
BUSINESS STRUCTURE: SOLE PROPRIETORSHIP S. CORP C. CORD LIMITED LIABILITY CO. UNINCORPORATED ASSOCIATION NON-PROFIT? YES NO		P. D PARTNERSHIP	ARE THERE AN OR THE BUSIN		
CHECKING ACCOUNT: LOCATION		BALANCE			
AUTHORIZED PERSON(S) TO MAKE ACCOUNT CHANGES AND VERIFY TRANSACTIONS		TITLE		PHONE	
AUTHORIZED PERSON(S) TO MAKE ACCOUNT CHANGES AND VERIFY TRANSACTIONS		TITLE		PHONE	
EMPLOYEE CARDHOLDERS (use additional sheets if needed)					
PRIMARY VISA ACCOUNT				CREDIT LINE \$	
Employee Name	TITLE		SOCIAL SECURITY NUMBER		
DATE OF BIRTH	BUSINESS PHONE			CREDIT LINE \$	
EMPLOYEE NAME		TITLE		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	BUSINESS PHONE			CREDIT LINE \$	
Employee Name	TITLE SOCIAL SECURITY NUMBER		ĒR		
DATE OF BIRTH	BUSINESS PHONE		CREDIT LINE \$		
PERSONAL GUARANTY					
In consideration of the credit union financing purposes under the Business Credit Card Agreement (the "Agreement"), and in the event of any default under the Agreement, the undersigned hearby agrees to personally guarantee payment of all amounts due under the terms of the Agreement, and further agrees to pay the total balance due on the account upon demand, without requiring the credit union to first enforce payment against the parties also liable on this account. The undersigned guarantor agrees that this guaranty shall be applicable until after the Agreement has terminated and all amounts due thereunder shall have been paid in full. The undersigned guarantor agrees that in the event the account has not been paid as agreed, the credit union may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.					
RESOLUTION/AUTHORIZED APPLICANT & GUARANTOR SIGNATURE					
By signing below, the primary Applicant is signing as an authorized representative on behalf of the Business. In that capacity, such person certifies that the information in this application is true and correct and that he/she has full power of authority to sign this application on behalf of Applicant. If the Applicant is an organization, an authorized individual must sign on behalf of Applicant. Applicant and each person signing below: 1) Requires that Business Platinum VISA Credit Cards be issued in reliance on the application; 2) Agrees to comply with the card agreement furnished with the cards; 3) Agrees that PFCU may obtain additional information from credit bureaus and other lawful sources to verify the creditworthiness of Applicant and the undersigned. Applicant shall be liable for repayment of all amounts due on any and all accounts opened in response to this application or subsequently on behalf of Applicant.					
We/I certify that we/I have read and agree with the terms and conditions of this credit card application.					
PRIMARY APPLICANT/GUARANTOR SIGNATURE		TITLE		DATE	
APPLICANT/GUARANTOR SIGNATURE		TITLE		DATE	
CREDIT UNION USE ONLY					
APPROVED NOT APPROVED	E 🗆 UPDATE		APPROVED LIMIT		
LOAN OFFICER SIGNATURE	DATE	PRIMARY VISA	ACCOUNT NUMBER		