

RELIANT COMMUNITY FEDERAL CREDIT UNION BUSINESS VISA® CREDIT CARD APPLICATION (Non-Profit)

*This application cannot be processed without the Business Tax ID number, owner's social security number(s), each cardholder's Social Security number, business name and the physical address of the business.

1. Your organization information:

<input style="width:100%; height:20px; border:1px solid black;" type="text"/> Here's how I would like the organization to appear on the card (limit 25 spaces)		<input style="width:100%; height:20px; border:1px solid black;" type="text"/> Tax ID - required*	
Legal name – required* _____	Phone (____) _____	When Formed <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/>	\$ _____ ¹ Gross annual revenue \$ _____ Net Income
Street address (no PO Box) _____	City _____	Month _____ Year _____	Fiscal Year End _____
State _____ Zip _____	Email Address _____	# of Employees _____	Organization Type: <input type="checkbox"/> Non-profit corporation <input type="checkbox"/> Religious corporation <input type="checkbox"/> Unincorporated association <input type="checkbox"/> Other _____
Organization purpose: _____			

2. Officers to receive card(s):

<input style="width:100%; height:20px; border:1px solid black;" type="text"/> 1. Authorized Signer name to appear on card (limit 24 spaces)		_____ Title	
Home Address _____	City _____	State _____	Zip _____
(____) _____ Home Phone	____/____/____ Date of Birth	____-____-____ Social Security number – required*	
<input style="width:100%; height:20px; border:1px solid black;" type="text"/> 2. Authorized Signer name to appear on card (limit 24 spaces)		_____ Title	
Home Address _____	City _____	State _____	Zip _____
(____) _____ Home Phone	____/____/____ Date of Birth	____-____-____ Social Security number – required*	

3. Authorized User(s) to receive card(s):

<input style="width:100%; height:20px; border:1px solid black;" type="text"/> 1. Employee's name to appear on card (limit 24 spaces)		____-____-____ Social Security number – required*	____/____/____ Date of Birth
<input style="width:100%; height:20px; border:1px solid black;" type="text"/> 2. Employee's name to appear on card (limit 24 spaces)		____-____-____ Social Security number – required*	____/____/____ Date of Birth

4. Officer's Signature:

By signing below, I certify that I am authorized to apply for this credit card and to contractually bind the Company. I acknowledge and agree on behalf of the Company to the terms and conditions included in the Business Visa Credit Card Account Agreement.

READ FEE AND RATE INFORMATION AND TERMS AND CONDITIONS IN RELIANT'S BUSINESS VISA CREDIT CARD ACCOUNT AGREEMENT AND DISCLOSURE.

1. Non-profit organizations must submit two years' financial statements and completed Corporate Borrowing Resolution or meeting outlining the officer's intent to apply for this product.

NOTE: All new accounts are set up for a revolving balance payment.

X _____
 SIGNATURE: ON COMPANY'S BEHALF

PRINT NAME: _____ DATE _____
 TITLE PRESIDENT VICE PRESIDENT TREASURER CHAIRPERSON

X _____
 SIGNATURE: ON COMPANY'S BEHALF

PRINT NAME: _____ DATE _____
 TITLE PRESIDENT VICE PRESIDENT TREASURER CHAIRPERSON

Authorized User(s) Signature(s):

X _____
 SIGNATURE: AUTHORIZED USER

X _____
 SIGNATURE: AUTHORIZED USER



For Credit Union Use Only.		
Amount Requested: \$ _____	Branch # _____	MSR: _____

Fee and Rate Information

The terms of your account, including any of the APRs or Fees set forth below, are subject to change by us in our discretion for any reason. Any changes will be made in accordance with the Business Card Agreement.

Annual Percentage Rate (APR) for Purchases:	Currently the regular rate of 10.00%* is in effect for all purchases as of 8/1/19. 4.95% new account introductory rate for six months after account is open for all purchases.
Annual Percentage Rate (APR) for Cash Advances and Balance Transfers.	A fixed rate of 18% is in effect for cash advances and balance transfers as of 8/1/19. 4.95% new account introductory rate for six months after account is open for all cash advances and balance transfers.
*Variable Rate Information: Index: Spread: Floor Rate: Ceiling Rate: Change:	Your Annual Percentage Rate may vary. The rate is determined by an index and percentage amount above the index. The rate can change quarterly, every three months. The highest Prime Rate published in the <i>Wall Street Journal</i> on the last business day of the month preceding the current calendar quarter. 4.89% above the index. 10.00% APR. The rate will never be less than this rate. 18.00% APR. The rate will never be higher than this rate. The rate may change every three months, quarterly, and such changes will occur during the months of January, April, July, and October on the first day of the billing cycle.
Grace Period for Repayment of Balances for Purchases:	25 days if you pay the Total New Balance for purchases by the payment due date on your last statement, or if you did not have a purchase balance on your last statement.
Balance Calculation Method for Purchases:	The Finance Charge is calculated on the Average Daily Balance including new transactions.
Annual Fee:	\$ 0
Minimum Finance Charge:	\$ 0
Transaction Fee for Purchases:	\$ 0
Transaction Fee for Cash Advances and Balance Transfers:	\$ 0
Late Payment and Over-the-Limit Fee:	\$30.00 each per billing cycle
Minimum Monthly Payment:	The greater of \$30 or 2.5% of the new balance plus any past due payments, overlimit amount(s), and late fee amounts.