

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

## 2. Officers to receive card(s):

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

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

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



<b>For Credit Union Use Only.</b>		
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.

<b>Annual Percentage Rate (APR) for Purchases:</b>	Currently the regular rate of <b>10.00%*</b> is in effect for all purchases as of 8/1/20. 4.95% new account introductory rate for six months after account is open for all purchases.
<b>Annual Percentage Rate (APR) for Cash Advances and Balance Transfers.</b>	A fixed rate of <b>18%</b> is in effect for cash advances and balance transfers as of 8/1/20. 4.95% new account introductory rate for six months after account is open for all cash advances and balance transfers.
<b>*Variable Rate Information:</b>  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.