

RELIANT COMMUNITY FEDERAL CREDIT UNION BUSINESS VISA[®] CREDIT CARD APPLICATION

*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 business information:

Here's how I would like my business name to appear on the card (limit 25 spaces)										Tax ID - required*					
Business's legal name – required*					Business Phone () - - - - -					Time in Business – required*		\$ Gross annual revenue		\$ Net Income	
Business street address (no PO Box)					City					Years		Months		Fiscal Year End	
State		Zip		Email Address					# of Employees						
Business description – required* :										Business Type:					
<input type="checkbox"/> Construction		<input type="checkbox"/> Real Estate		<input type="checkbox"/> Agriculture		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Limited Liability Company							
<input type="checkbox"/> Services		<input type="checkbox"/> Retail Trade		<input type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation							
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Trucking		<input type="checkbox"/> Other		<input type="checkbox"/> Other									

2. Principal Owners/Officers to receive card(s):

															\$ Gross Personal Income ¹			
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*		% Ownership												
															\$ Gross Personal Income ¹			
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*		% Ownership												

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

															/ /	
1. Employee's name to appear on card (limit 24 spaces)										Social Security number – required*					Date of Birth	
															/ /	
2. Employee's name to appear on card (limit 24 spaces)										Social Security number – required*					Date of Birth	

4. Officer's Signature:

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

1. Alimony, child support and separate maintenance income do not need to be revealed if you do not want it considered as a basis for repaying this obligation.

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

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 and individually: (1) to the terms and conditions included in the Business Visa Credit Card Account Agreement, and (2) THAT I AM JOINTLY AND INDIVIDUALLY LIABLE WITH COMPANY FOR ALL CHARGES ON ALL ACCOUNTS AND PERSONALLY GUARANTY THE OBLIGATIONS OF THE COMPANY UNDER THE ACCOUNT AGREEMENT THAT WILL BE PROVIDED IF THIS APPLICATION IS APPROVED, and (3) THAT I AUTHORIZE RELIANT TO OBTAIN MY PERSONAL CREDIT REPORT IN CONNECTION WITH MY GUARANTY OF THIS CREDIT AND ANY RENEWAL OR INCREASE.

X _____
SIGNATURE: ON COMPANY'S BEHALF AND INDIVIDUALLY

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

X _____
SIGNATURE: ON COMPANY'S BEHALF AND INDIVIDUALLY

PRINT NAME: _____ DATE _____
TITLE OWNER PARTNER 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 5/1/21. 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 5/1/21. 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 Fee 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.