



## BUSINESS MASTERCARD APPLICATION

Please call business services at (507) 424-0374 with questions regarding this application

AGGREGATE BUSINESS LOAN CALCULATION	
Existing business loans at First Alliance Credit Union	\$
New Business Loan Request	\$
Aggregate business loans at First Alliance Credit Union	\$

BUSINESS INFORMATION		
Legal Name of Business	DBA Name (if any)	Federal TIN
Business Physical Address (Street, City, State, Zip)	Business Phone	
Business Mailing Address, if different from physical address	Cell Phone	
Email Address	Fax Number	
Nature of Business & Description of Product	Other Phone	
Type of Organization		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> "C" Corporation	
<input type="checkbox"/> General Partnership	<input type="checkbox"/> "S" Corporation	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Preferred Corporation	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> Other		
Annual Gross Sales (Revenues)	No. Employees	
Year/Month/Date Business Established	Ownership Since	
State of Organization		

BUSINESS OWNERSHIP (All owners must complete a Personal Financial Statement)				
Name	SSN	Date of Birth	Title	% Ownership

BUSINESS MASTERCARD CREDIT CARD REQUEST	
<input type="checkbox"/> New MasterCard	Total Amount Requested
<input type="checkbox"/> Increase Credit Limit	Account No.                      Total Amt. Requested
<input type="checkbox"/> Add Cardholder	Please complete Cardholder Info
<input type="checkbox"/> Delete Cardholder	Name of Cardholder to be deleted

BUSINESS MASTERCARD REQUEST				
Business Name to Appear on the Card (Maximum 26 Characters Including Spaces)				
CARDHOLDER INFORMATION				
Name	SSN (for ID Purposes)	Date of Birth	Position/Title	Credit Limit
1.				
2.				
3.				
4.				
5.				
FINANCIAL STATEMENTS AND TAX RETURNS				

Please submit the following:

- ☐ Last 2 year's business tax returns for requests greater than \$5,001. Latest year's business tax returns for requests less than \$5,001.
- ☐ Last 2 year's Federal & State personal tax returns for requests greater than \$5,001. Latest years Federal & State personal tax returns for requests less than \$5,001.
- ☐ Current personal financial statement for each owner.

**\*Both business and personal tax returns must include all schedules and attachments. All tax returns must be signed and dated by the owners.**

## BUSINESS ORGANIZATIONAL DOCUMENTS

Please include your organization's applicable documents

- ☐ Corporations-Article of Incorporation & By Laws if Applicable
- ☐ Partnerships-Partnership Agreement
- ☐ LLC's-Articles of Organization & LLC Operating Agreement (if applicable)
- ☐ Trusts-Trust Agreement

## BUSINESS BANKING RELATIONSHIP:

### Business Deposit Account(s)

Name of Financial Institution	Account Type (i.e. Checking, Savings, etc.)	Current Balance
1.		
2.		
3.		

### Business Loan(s)

Name of Lender	Type of Loan (Vehicle, equipment, etc.)	Original Amount	Balance Owning	Interest Rate	Monthly Payment	Maturity Date
1.						
2.						
3.						

## SIGNATURES AND IMPORTANT DISCLOSURES

By submitting this application, on behalf of myself, as an individual, and the Business, as an authorizing officer, I hereby affirm that the foregoing information contained in this Business MasterCard Application ("Application") is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand the Credit Union is relying on this application in making loan(s) to the Business. The Credit Union or its designee is authorized to make any investigation of the credit of the Business, business owner(s), and/or guarantor(s) either directly or through any agency employed by the Credit Union for that purpose now and in the future. The Credit Union may disclose to any other interested parties the Credit Union's experience with the account. I understand the Credit Union will retain this Application whether or not credit is granted. By submitting this Application, I request on half of myself and the Business that First Alliance establish one or more Business Master Card account(s) ("Account"), and issue a Business MasterCard ("card") accessing such Account, to me and to any additional Cardholders I designate. I understand that all information provided in this Application me be verifiable and accurate. **By signing below, on behalf of myself, as an individual, and the Business, as an authorizing officer, (i) I understand and agree that both the Business and I shall each be liable, jointly and severally, for all charges and balances on each Account, (ii) I understand if an Account is established, I will receive the Credit Union's Business Credit Card Agreement & Disclosure with my Card and by using the Account or the Card, I agree to be bound by the Credit Union's Business Credit Card Agreement & Disclosure, as amended from time to time, and (iii) I grant the Credit Union a security interest in all of my present and future shares and deposits, and any earnings thereon, provided that IRA and Keogh accounts are excluded, and in all goods purchased through the Account(s).**

Federal law requires First Alliance Credit Union to obtain, verify and record information that identifies each person and Business who opens an account, in order to help the government fight the funding of terrorism and money laundering activities. To process the Application, First Alliance Credit Union must have my name, street address, date of birth and other identifying information such as my Social Security Number. Also, First Alliance Credit Union may ask for additional identifying documents from me and the Business as well.

First Alliance Credit Union is authorized to investigate, obtain and exchange credit reports about the Business and me from time to time. Information gathered about me or the Business may be used to verify my identity and the identity of the Business and to determine eligibility for the Account and any renewal or extension of credit. Is asked. First Alliance Credit Union will indicate whether a consumer credit report has been obtained and the name address of the agency that supplied the report to First Alliance Credit Union.

If this Application for an Account is approved, a specific credit line will be assigned based upon my credit report and/or the credit report of the Business, along with the tax returns and financial statement(s) submitted. Once I received the Card, I must contact First Alliance Credit Union if a higher credit line is desired. I understand that First Alliance Credit Union may require that I submit additional documentation in order to process by request for a credit line increase. By using the Card, authorizing its use, or not cancelling the Account within 30 days after the receipt of the Card, the Business and I agree to the terms of the Card Agreement.

The person(s) signing this Application certifies that (i) he/she is authorized to execute and deliver this Application on his/her behalf and on behalf of the Business name on this Application, (ii) the Application is for business credit only and not consumer credit, (iii) the Business named on this Application wishes to establish one or more business credit card accounts with First Alliance for use by the Business's employees designated in the Cardholder Information section on page 2 of this Application. The Business agrees that each business credit card account established under this arrangement shall be governed by the terms and conditions set by the Credit Union's Business Credit Card Agreement and Disclosure, as amended from time to time. Each employee designated in the Cardholder Information Section on page 2 of this Application shall receive a business credit card in the Business's name (if approved), with the employee specified as an authorized user. Designated employees any use business credit cards to make purchases, obtain cash advances, and perform other transactions, subject to the credit limit set by the Credit Union. This designation of employees shall remain in effect with respect to each employee listed in the Cardholder Information section on page 2 of this Application, until the Credit Union receives written notice of the revocation of such designation, signed by an authorized agent of the Business. Business may add employees to this designation by providing written notice to the Credit Union.

### SIGNATURES:

**X Initial Here \_\_\_\_\_ (to acknowledge personal liability on the account as described above)**

X _____	X _____	X _____	X _____
Authorized Signature	Print Name	Title	Date

**X Initial Here \_\_\_\_\_ (to acknowledge personal liability on the account as described above)**

X _____	X _____	X _____	X _____
Authorized Signature	Print Name	Title	Date

**X Initial Here \_\_\_\_\_ (to acknowledge personal liability on the account as described above)**

X _____	X _____	X _____	X _____
Authorized Signature	Print Name	Title	Date