

# BUSINESS VISA APPLICATION

Member # \_\_\_\_\_ Total Credit Requested: \$ \_\_\_\_\_

## Section A: Business Information

Business Name		Federal Tax ID #	
d/b/a or Trade Name (if different than above):			
Street Address	City	State	Zip
Mailing Address (if different than above)	City	State	Zip
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other _____			
Industry/Business Type: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other _____			
Date Established:		Number of Employees:	

## Section B: Authorized Officer #1

The Authorizing Officer(s) must be one of the following:  
 President     Owner     Vice President     Partner

Name (First, M.I., Last)	Social Sec.#	Date of Birth	
Street Address	City	State	Zip
Home Phone ( )	Work Phone ( )		
Cell Phone ( )	Email Address		
Personal Annual Income* \$	Individual Credit Limit Request: \$		

\*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.

## Section C: Authorized Officer #2

The Authorizing Officer(s) must be one of the following:  
 President     Owner     Vice President     Partner

Name (First, M.I., Last)	Social Sec.#	Date of Birth	
Street Address	City	State	Zip
Home Phone ( )	Work Phone ( )		
Cell Phone ( )	Email Address		
Personal Annual Income* \$	Individual Credit Limit Request: \$		

\*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.

**See Inside for Signature Section and Visa Disclosure**

**Section D: Designated User**

Designated User #1		Designated User #2		Designated User #3	
Full Name:		Full Name:		Full Name:	
Social Sec.#:		Social Sec.#:		Social Sec.#:	
DOB:		DOB:		DOB:	
Title:	% Ownership:	Title:	% Ownership:	Title:	% Ownership:
Home Address		Home Address		Home Address	
City		City		City	
State	Zip	State	Zip	State	Zip
Individual Credit Limit Requested: \$		Individual Credit Limit Requested: \$		Individual Credit Limit Requested: \$	

**Section E: Business Visa Account Agreement**

The purpose of this Agreement is to establish the terms and conditions of a Business Line of Credit. In this Agreement, the words "I", "me" or "my" means each natural person (Authorized Officer and all Designated Users), business and organization who apply for, receive or use the Credit Card or duplicate Credit Cards. "We," "us," or "our" refers to Heartland Credit Union (Heartland). The word "card" means the Business VISA Credit Card and duplicates of said card. The word "account" means the Business VISA Credit Card Credit Account with Heartland.

I agree to pay all charges on this account that are made by me or anyone whom I have authorized to use my account(s). This includes all purchases, cash advances, finance charges and other charges or fees added to my account under the terms of the Agreement. I acknowledge that all cards will be used solely for business or commercial purposes and not for personal, family or household purposes. I further agree that the Business, the Authorized Officer and the Designated Users will be liable for all charges and account balances as follows: (1) Business and Authorized Officer shall be jointly and severally liable with each individual Designated User for all transactions made with all cards; and (2) each Designated User is individually liable for all transactions made with their individual card. I acknowledge that each Designated User is duly employed by the Business as of the date the card is requested and is 18 years or older.

This Agreement must be signed by the Authorized Officer, Partner or Proprietor of the Business ("Authorized Officer") who has an interest in the Business unless a non-profit, with authority to bind the Business to the terms of this Agreement. By signing as an Authorized Officer, the undersigned certifies that the execution, delivery and performance of this Agreement has been duly authorized by all necessary corporate action by the Business, and will provide evidence of such action upon request. As the Authorized Officer, I am signing both individually and as the Business's duly authorized representative. You are authorized to check my business and personal credit and employment history to answer questions about credit experience with me. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status or age provided the applicant has the capacity to enter into a binding contract; because all or part of the applicant's income derives from a public assistance program; or because the applicant has in good faith exercised any right under the Consumer Protection Act. The Federal Agency that administers the creditor is: NATIONAL CREDIT UNION ADMINISTRATION, 4807 SPICEWOOD SPRINGS ROAD, SUITE 5200, AUSTIN, TX 78759.

**I/We understand that the use of this credit card constitutes acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures mailed to me/us. In addition, I/we grant Heartland Credit Union a security interest in all individual and joint share and/or deposit accounts I/we have with you now and in the future to secure my/our credit card account. When I/we am/are in default, I/we authorize you to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest I/we have given in my/our shares and deposits.**

**Authorized Officer #1****Authorized Officer #2**

\_\_\_\_\_  
Signature Date Signature Date

\_\_\_\_\_  
Title Title

\_\_\_\_\_ By initialing here, each applicant certifies that they have applied for joined credit \_\_\_\_\_ By initialing here, each applicant certifies that they have applied for joined credit

**Designated User #1****Designated User #2****Designated User #3**

\_\_\_\_\_  
Signature Date Signature Date Signature Date

\_\_\_\_\_  
Title Title Title

## Interest Rates and Interest Charges

<b>Annual Percentage Rate (APR) for Purchases, Balance Transfers and Cash Advances</b>	<b>2.90%</b> intro rate on balance transfers for a period of 12 billing cycles <b>After that your APR will be variable 8.90% - 12.90%</b>
<b>Variable Rate Information</b>	The APR is based on your credit worthiness and uses the Wall Street Journal Prime Rate as its index.
<b>How to Avoid Paying Interest on Purchases</b>	Pay full amount of the New Balance of Purchases within 25 days of your statement closing date.
<b>Minimum Interest Charge</b>	None
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<a href="http://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a>

## Fees

<b>Annual Fee</b>	None
<b>Transaction Fees:</b> Cash Advance Balance Transfer Fee Foreign Transaction	None <b>None</b> 1% of U.S. dollar transaction amount
<b>Penalty Fees:</b> Late Payment NSF	<b>\$20</b> assessed on the 10th day after the stated due date <b>\$27/item</b> (Check, Visa AutoPay or other electronic means)

**How We Will Calculate Your Balance:** We use a method called “average daily balance (including new purchases).” See your account Agreement for more details.

**Billing Rights:** Information on your rights to dispute transaction and how to exercise those rights is provided in your account Agreement.

**Introductory Balance Transfer Rate:** Balances must be transferred within 60 days of the new card being opened to qualify for the introductory rate. Current cardholders do not qualify.

### Other Fees:

“Rush” card fee—\$20 each  
Statement copies—\$5 each  
Copies of sales drafts—\$5 each (originals are \$10 each)  
Lost card replacement—\$10 each

The rates, terms, and fees described are as of 10/1/2017 and may have changed since that date. To find out what may have changed, call us at (651) 451-5160 or (800) 813-9185 or write us at 5500 South Robert Trail, Inver Grove Heights, MN 55077.

### CU USE ONLY

Credit Card Interest Rate: \_\_\_\_\_

CU Employee: \_\_\_\_\_ Teller Number: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Officer #1 Verification

Type of ID \_\_\_\_\_

CB  OFAC

Authorized Officer #2 Verification

Type of ID \_\_\_\_\_

CB  OFAC

Designated User #1 Verification

Type of ID \_\_\_\_\_

CB  OFAC

Designated User #2 Verification

Type of ID \_\_\_\_\_

CB  OFAC

Designated User #3 Verification

Type of ID \_\_\_\_\_

CB  OFAC