



Business Credit Card Application Entity

Member #: _____

BY SUBMITTING THIS APPLICATION: The entity requesting loan funds ("Borrower") signing below acknowledges and agrees to all the Terms and Conditions set forth in this application and sent to Borrower upon card issuance. Borrower also certifies that Borrower has the authority to make this application for the business listed and all information and documents submitted are verifiable and accurate. Borrower understands that Westby Co-op Credit Union (WCCU) may ask for additional identifying documents from Borrower and its principals or agents to assist with credit decisions and cooperate with the US Patriot Act. Borrower and any principals or agents identified herein authorizes WCCU to obtain any personal credit reports WCCU deems necessary in creditor's sole discretion, and to provide credit information to credit bureaus about Borrower and its principals or agents, if applicable. In the event the loan is approved and the requested funds are advanced, if Borrower is ever in default, and after expiration of any right to cure Borrower's default (should such right exist), WCCU has and retains the right to apply the shares, and/or deposits of Borrower and its principals or agents toward what Borrower, and any guarantor of Borrower owes.

Borrower's Legal Name: _____ **Tax ID #:** _____

How do you want Borrower's name to appear on the card(s): _____
(Maximum 21 Characters including spaces. No special characters or dashes.)

Date Borrower Organized/Incorporated: _____ Business Ph. #: _____ Number of Employees: _____

Full Street Address of Borrower (No P.O. Boxes): _____

Nature of Borrower's Business: _____

Legal Entity Type: Corporation LLC Partnership Sole Proprietor Other: _____

Annual Gross Revenue: _____ Average Business Checking Acct. Balance: _____

Total Debts: _____ Total Monthly Debt Obligation: _____

Persons opening an account on behalf of a legal entity must provide the following information:

- 1) **Name and Title** of Natural Person Opening Account:

- 2) The **full name, street address, and telephone number** of each individual who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 10 percent or more of the equity interests of Borrower:**

- 3) The **full name, title, date of birth, street address and social security number for one individual** with significant responsibility for managing the legal entity listed above (e.g. Chief Executive Officer, President, Managing Member, Manager, General Partner):

The below authorized agent hereby certifies that this information has been supplied truthfully, accurately and voluntarily. Borrower acknowledges and agrees that granting a security interest is a condition for the WCCU's willingness to grant an open-ended line of credit to be used for business purposes of Borrower, and Borrower gives WCCU a security interest in all funds now or thereafter in Borrower's WCCU deposit accounts (except an IRA), and if Borrower defaults under the terms of the Credit Agreement, Borrower authorizes WCCU to apply such funds to the payment of the then total outstanding credit card debt, and likewise, Borrower agrees to execute any such security agreements required by WCCU prior to the making any funds available to Borrower. Borrower agrees to abide by the WCCU terms, conditions, and operating procedures governing credit card accounts, as detailed in the Business Credit Card Agreement. The purpose of Borrowers' request and application to obtain the open-ended line of credit contemplated herein is strictly for business and commercial use, and Borrowers hereby warrant and represent that said open-ended line of credit shall not be utilized for any other purpose.

Authorized Agent Signature & Date: _____



Personal Guaranty: Personal guaranties of performance and payment shall be completed by each member of a Limited Liability Company, each shareholder of a Corporation, or each Partner of a Partnership. Each such individual shall likewise complete the below guarantor information portion of the Business Credit Card Application.

Personal Guarantor: Partner Member Shareholder (Percentage of Ownership:)

Full Name: SSN/Tax ID #:

Position(s) within Borrower's organization (President/Managing Member/Director etc.):

Full Residential Street Address:

Date of Birth: Ph. #:

Email Address:

Annual Gross Adjusted Income: \$ Total Outstanding Debt Obligations: \$ (To Include Personal Guarantees)

GUARANTY: By signing below, each individual unconditionally agrees to execute a personal unlimited and continuing guaranty of performance and payment for the indebtedness and repayment obligations of Borrower, which shall likewise require such individual to pay WCCU for all charges and balances on all accounts established as a result of potential approval of this application. All other requirements of any such individual personal guarantor shall be set forth in full in said personal unlimited and continuing guaranty of performance and payment.

Signature & Date:

MARRIED WISCONSIN RESIDENTS ONLY: I certify that the credit being applied for, if granted, will be incurred or obtained during marriage and will be in the interest of the marriage or family, with respect to my personal guarantor obligations. This statement is made in accordance with Wis. stat. sec. 766.55(1). If this section applies, we are required to notify your Spouse by mail if loan is granted.

Signature & Date:

Spouse's Name & Current Address:

- Account Type: Individual Billing (Each card will receive a separate statement and each person will have a separate limit applied to transactions.)
- If Individual Billing, set each card's limit in the "Indv. Limit" line below.
Company Billing (All transactions will be on one statement (not itemized by card) and all cards will share a company limit applied to transactions.)
- If Company Billing, set company limit here : \$

Authorized Users/Cards: (Please leave spaces blank if no additional cards are requested. You must answer for the Personal Guarantor.) You may request a card be issued on your Business Credit Card Account to a person you authorize to use your Account. This person is called an Authorized User. You agree to be solely responsible for all transactions the Authorized User makes on your Account.

(1) Personal Guarantor: Does this person require a card? Yes No Indv. Limit: \$

(2) Full Name: Indv. Limit: \$
SSN/Tax ID #: Date of Birth: (Only fill in Individual Limit if using Individual Billing)
Title: Ph. #:

(3) Full Name: Indv. Limit: \$
SSN/Tax ID #: Date of Birth: (Only fill in Individual Limit if using Individual Billing)
Title: Ph. #:

(4) Full Name: Indv. Limit: \$
SSN/Tax ID #: Date of Birth: (Only fill in Individual Limit if using Individual Billing)
Title: Ph. #: