



Keeping It Simple

Business VISA

Business Rewards Card

Business Card

Individual Card Billing

Consolidated Billing

Credit Limit Request or Credit Limit Increase \$ _____

Applicant

Business Name _____ Established Date _____ Credit Union Acct. No. _____ EIN _____

Address: No./Street Name _____ City _____ State _____ Zip Code _____

Phone _____ Other Phone _____ Web address _____

of Cards Required _____

Cardholder _____ Title _____

Cardholder _____ Title _____

Cardholder _____ Title _____

Personal Information for Guaranty

First Name _____ M.I. _____ Last Name _____ Date of Birth _____ Social Security No. _____

Employer _____ Position _____ Gross Mo. Income _____ How Long (years) _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ email address _____

Are there any judgements, garnishments or legal proceedings against you? *If yes, explain:* _____ Yes No

Are you a cosigner? Yes No

Have you ever filed bankruptcy? *If yes, what year?* _____ Yes No

Credit Information

Business primary banking with: _____ Checking Balance _____ Savings Balance _____

Business Indebtedness

To Whom _____ Account Number _____ Balance _____ How Payable _____

To Whom _____ Account Number _____ Balance _____ How Payable _____

To Whom _____ Account Number _____ Balance _____ How Payable _____

(attach additional sheet if necessary)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: All sections should be filled out completely. If not, processing of your application may be delayed. This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries for other parties. This offer is subject to the credit policies of this institution. I/we agree to be bound by the terms and conditions of the credit card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such term to be conclusively presumed by the applicant's use. The guarantor shall be jointly and severally liable for any and all credit extended from time to time. Credit Union retains its lien rights under the Indiana Credit Union Act. Indiana Members Credit Union is an Equal Opportunity Lender.

X _____ X _____
Signature Title Date Guarantor Signature Date

Transfer of Balance Request

Yes, I want to transfer the amount shown in the credit card account listed below to my Indiana Members credit card. I understand that if I am not approved for my requested limit Indiana Members will only transfer debts within my approved credit limit.

Card Issuer _____ Acct. No. _____ Amount _____ Address _____

X _____
Signature Date

Approved Rejected Date: _____ No. of Cards: _____ Expiration Date: _____ Credit Line Amount: _____ Loan Officer: _____

Cardholder Information
Exhibit A

1. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

6. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

2. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

7. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

3. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

8. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

4. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

9. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

5. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

10. Cardholder Name: _____
DOB: _____
Mother's Maiden: _____
SSN: _____
Credit card Limit: _____
Cell phone #: _____
(for potential fraud notifications)

INDIANA 
Members Credit Union
Keeping It Simple

BUSINESS CREDIT CARD



REQUIRED DOCUMENTS

- **Personal Guaranty of at least one owner**
- **Business and Guarantor's federal tax return**
- **Business income statement and balance sheet**
- **Guarantor's personal financial statement**

- Prime + 5%
- No Annual Fee
- 25-Day Grace Period
- Free online access to account
- Master credit limit with Business determining limits for cardholders
- Combined statements available with two or more cards

BUSINESS REWARDS CARD



- Prime + 7%
- No Annual Fee
- 25-Day Grace Period
- Free online access to account
- Master credit limit with Business determining limits for cardholders
- Combined statements available with two or more cards
- 1 point earned for every \$1 spent
- Points redeemable as cash, gift cards, mall purchases or travel

For complete terms and conditions, please refer to the Business Credit Card Addendum.