



PO Box 8046, Madison WI 53708-8046

Business Information

Business VISA Credit Card Application

Legal Name of Business		Current Account Number	
Business Physical Address (No P.O. Boxes)		Organization Type:	Business Tax ID# or EIN#
City, State, Zip		Nature of Business/Industry	
Business Phone Number	Business Fax Number	Purpose	
Email Address		Requested Limit Amount (\$2500+ requires proof of income) \$	
Business Name to Appear on Card (21 character maximum)			

Principal/Owner/Member/Guarantor Information

All owners of 10% or more, all partners and all members must complete this section and must guaranty this credit. Creditor may request financials and operating agreements

Authorized Party #1	Name (First, MI, Last)	Home Phone	Percentage of Ownership %
	Home Address (No P.O. Boxes)	Date of Birth	Managing Member Y/N
	City, State, Zip	SSN#	Annual Household Income \$
Authorized Party #2	Name (First, MI, Last)	Home Phone	Percentage of Ownership %
	Home Address (No P.O. Boxes)	Date of Birth	Managing Member Y/N
	City, State, Zip	SSN#	Annual Household Income \$

For Married Applicants Only: Please sign the following statement if you are married and not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned

Applicant/Authorized Party #1

Applicant/Authorized Party #2

Spouse's Name	Spouse's Name
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Cards to Issue

(Cardholders that are not an Authorized Party shown above, bear no financial responsibility for repayment to Summit Credit Union) (SSN used as proof of identity only)

Card #1	Cardholder's Name (How it will appear on card - max 25 characters)	Signature	Credit Limit \$
	Home Phone:	SSN# :	Date of Birth: Cash Limit \$
Card #2	Cardholder's Name (How it will appear on card - max 25 characters)	Signature	Credit Limit \$
	Home Phone:	SSN# :	Date of Birth: Cash Limit \$
Card #3	Cardholder's Name (How it will appear on card - max 25 characters)	Signature	Credit Limit \$
	Home Phone:	SSN# :	Date of Birth: Cash Limit \$
Card #4	Cardholder's Name (How it will appear on card - max 25 characters)	Signature	Credit Limit \$
	Home Phone:	SSN# :	Date of Birth: Cash Limit \$

BY SUBMITTING THIS APPLICATION The individuals ("you") signing below acknowledge and agree to all the Terms and Conditions set forth in this application, and sent to you upon card issuance. You also certify that you have the authority to make this application for the business listed and all information and documents submitted are verifiable and accurate. You understand that the creditor may ask for additional identifying documents from you and the business to assist with credit decisions and cooperate with the US Patriot Act. You authorize the creditor to obtain your personal credit report and to provide credit information to credit bureaus about you if applicable. When you are in default and after expiration of any legal right to cure your default, the Summit Credit Union has the right to apply your shares, and/or deposits toward what you owe.

GUARANTY By signing below, each individual jointly, separately and unconditionally guarantees payment of and agrees to pay creditor for all charges and balances on all accounts established with this application. Under this Guaranty, the liability of Guarantor(s) is unlimited and the obligations of Guarantor are continuing, including any future credit limit increases.

Applicant/Authorized Party #1, As Principal/Owner/Member
And Individually as Personal Guarantor

Applicant/Authorized Party #2, As Principal/Owner/Member
And Individually as Personal Guarantor

For SCU Use Only			
LO:	Date:	A VISA \$ Credit:	D Reasons: