

## **VISA PLATINUM® BUSINESS APPLICATION**

Downstand Consider time of the													
Requested Credit Line*\$ Legal Business Name			MECII	Ducin	νοςς Λ	ccount	Num	hor					
Street Address								ibei					
City, State & ZIP Code													
Billing Address (If Different)													
City, State & ZIP Code													
Preferred Phone #		Email <sub>.</sub>											
Federal Tax ID #		Gross	Annual S	Sales/	'Rever	nue							
Description of Business -SIC		Years i	in Busine	ess _			Yea	ars as	Owner				
Non-Profit ? □Yes □No		·	C C			1 114	c -	-11.1.1		l A			
Business Structure: □Sole Proprietorship □Pa											ssociation		
Business Name on Card(s) (Maximum 24 Spac	es)									Ш			
Does your business owe any taxes for years prior to Are there any outstanding judgements against the b Is your business a party to any claim or lawsuit? $\Box$ Yo Have you ever owned or operated a business which	ousiness? □Yes es □No	□No		o O									
If you answered yes to any of the above questions, please prov	ide the details as ar	attachme	ent.										
EMPLOYEE CARDHOLDERS (Use additional sheets i	f needed)												
*Credit lines listed for Business Owner and Employees must total Card Requested for Business Owner? □Yes □No	l Requested Credit L Credit Line: \$	ine from a	bove		Cash	Access?	□Yes	s □No					
Employee Name	SSN		Business Phone				(	Credit L	ine \$				
Employee Name	SSN		Business	Phon	e			Credit L	ine \$				
	ne SSN												
RESOLUTION/AUTHORIZATION													
by other means authorized by law. RESOLVED, that any one (1) officer of this entity is authorized Baltimore, Inc. (Credit Union) and any other documents recomment (as defined therein), which Agreement contains associates of this entity and that any other writings executed.	uired by the Credi the terms and cor	t Ünion in iditions re	connection	n with	the Ap ance of	plication credit ca	, and to ords to	agree t employe	o be bou es, office	nd by ters, dire	the applicable ectors, and		
DATED THISDAY OF													
SECRETARY/ASSISTANT SECRETARY													
ATTEST								_					
FOR PARTNERSHIPS AND LIMITED LIABILITY COMPANIES: Al authorize and direct any one (1) partner/member/manager Credit Union in connection with the Application, and to agre terms and conditions regarding the issuance of credit cards executed in connection with the Application or the agreement	to sign and submi ee to be bound by to partners/meml	t an Applic the applic pers/man	cation to tl able Agree agers, emp	ne Cree ement oloyees	dit Unic (as defi s, and a	on and a ned ther	ny othe ein), wh	r docum nich Agre	nents requeement c	uired b ontains	y the s the		
DATED THIS DAY OF													
PARTNER/MEMBER/MANAGER				PARTNER/MEMBER/MANAGER									
PARTNER/MEMBER/MANAGER													
BUSINESS AND GUARANTOR SIGNATURES (S	ign both place	s below	')										
I/we certify that I/we have read and agree with the term	ns and conditions	provided	l, incorpoi	ated l	oy refe	rence he	erein, s	igned a	nd seale	d on tl	ne date written below		
Business Authorized Signature				_ Tit	tle					Date			
Business Authorized Signature													
Guarantor-Owner#1 Signature (Seal)													
Guarantor-Owner#2 Signature (Seal)													
FOR CREDIT UNION USE ONLY													
							\/IC	SΔline	of Cradi	t Limit	:\$		
□Approved □Rejected □Counter Offer (Specify)													
Loan Officer Signature								.e					
Reason for Rejection/Counter Offer													



## **BUSINESS OWNER (1) PERSONAL INFORMATION**

Name								
Current MECU Individual Member								
Individual Member #								
Current Address								
City, State & ZIP Code								
Home Phone #								
Work Phone # Cell Phone #								
Email								
Social Security #								
Length of Time at Current Address								
Monthly Housing Expense □Own □Rent								
Current Employer Name/Income Source								
Profession/Job Title								
Dates of Employment								
Gross Monthly Income								
Do you have any outstanding loans with MECU □Yes □No								
BUSINESS OWNER (2) PERSONAL INFORMATION  Name								
Current MECU Individual Member								
Individual Member #								
Current Address								
City, State & ZIP Code								
Home Phone #								
Work Phone #								
Email								
Social Security #								
Length of Time at Current Address								
Monthly Housing Expense □Own □Rent								
Current Employer Name/Income Source								
Profession/Job Title								
Dates of Employment								
Cross Monthly Income								
Gross Monthly Income								