

Visa Business Credit Card Application

Minimum New York business longevity of one year required (evidenced by minimum one-year tax return).

Required Documentation

- ☐ Most recent filed business tax return and personal tax return of all owners 20% or greater.
- ☐ Copy of driver license for each business owner and authorized cardholder.
- ☐ If not currently a Teachers Federal Credit Union business member copies of business organizational documents: Articles of Organization & Operating Agreement (LLC), Certificate of Incorporation & By-Laws (Corporation), Certificate of Doing Business (DBA), etc.

Teachers Federal Credit Union may ask for additional information at their discretion. **For assistance, please contact a Teachers Federal Credit Union Business Development Officer at 631-698-7000 x1687 or business@teachersfcu.org.**

Business Visa Credit Card Request

Amount Requested
(Maximum \$50,000): \$ _____ Purpose of Credit Card: _____

Business Profile

Legal Business Name _____

Doing Business As (DBA) Name _____

Business Address (No P.O. Box) _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Business Phone _____ Business Email _____

Teachers Business Member # _____ Company Website _____

Business Structure (Please Check One)

S-Corporation

C-Corporation

Sole Proprietorship

Not For Profit

Limited Liability Company

Partnership

Trust

Nature of Business _____ Date Business Established _____

Current Owner Since _____ Federal Tax ID# _____ Number of Employees _____

Business Debt Schedule

Business Debt: Please include all debts except accounts payable and accrued expenses. If there is no business debt, please put N/A.

Creditor Name:	Product Type (CC, LOC, Loan)	Current Credit Limit	Original Date	Present Balance	Maturity Date	Monthly Payment	Current or Past Due

Owner(s) Information

All Business owners with a 20% or greater ownership interest must complete and sign the signature section below (If 3 or more people own 20% or more of the company, please complete an additional application):

Owner Name _____ Ownership % _____ Title _____

Social Security Number _____ Phone # _____ E-mail _____

Home Address _____

City _____ State _____ Zip Code _____

Do you Own a Home Rent Live with Family Monthly Rent or Mortgage Payment \$ _____

Other Monthly Income \$ _____ Employer Name _____ Position _____

Owner Name _____ Ownership % _____ Title _____

Social Security Number _____ Phone # _____ E-mail _____

Home Address _____

City _____ State _____ Zip Code _____

Do you Own a Home Rent Live with Family Monthly Rent or Mortgage Payment \$ _____

Other Monthly Income \$ _____ Employer Name _____ Position _____

Authorized Cardholders

Credit card(s) will be issued to the individual(s) listed below.

1.					\$		
	Last Name	First Name	SSN	DOB	Individual Limit	Signature	Date
2.					\$		
	Last Name	First Name	SSN	DOB	Individual Limit	Signature	Date
3.					\$		
	Last Name	First Name	SSN	DOB	Individual Limit	Signature	Date
4.					\$		
	Last Name	First Name	SSN	DOB	Individual Limit	Signature	Date

***Sum of individual limits must total credit limit amount requested.**

Program Administrator

Primary individual with access to view, update, and manage business accounts online.

1. _____
Last Name First Name Email

Signatures

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: 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 from 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 bank card agreement, a copy of which will be mailed to the applicant if this applicant is granted credit.

Authorized officer must be one of the following (check one)

President Chairman

V.P.

Treasurer

Owner

Partner

X _____
Applicant Signature Title Date

X _____
Applicant Signature Title Date

Credit Disclosures

Annual Percentage Rate for Purchases	Prime + 6%*	Grace Period for Purchases	25 Days*
Annual Percentage Rate for Cash Advances	Prime + 6%*	Method of Computing the Balance for Purchases	Average Daily Balance Including New Purchases
Annual Percentage Rate for Balance Transfers	Prime + 6%*	<p>*A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the previous billing cycle within 25 days from the closing of that statement. If you elect not to pay the entire new balance shown on your previous statement within the 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on the new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchase posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges.</p> <p>A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue until the date of payment.</p> <p>**The prime rate used to determine your APR is the rate published in the Wall Street Journal on the last business day of the month prior to the end of the quarter.</p> <p>New York residents may contact the New York State Banking Department to obtain a comparative listing of credit card rates, fees and grace periods by calling 1-800-518-8866.</p>	
Variable Rate Information	The rate is determined by adding 6% to the Prime Rate**		
Annual Membership Fee	NONE		
Late Payment Fee	\$15.00		
Over the Limit Fee	\$15.00		
Cash Advance Fee	2% of Cash Advance		
Balance Transfer Fee	2%		
<p>At the date this application was printed (shown in the lower-right corner – this side) the information listed above and to the right was accurate.</p> <p>Because rates and terms are subject to change, you may contact us for the information by writing to the business reply address shown below.</p>			

TEACHERS FEDERAL CREDIT UNION, HAUPPAUGE, NY

TO SUBMIT: Email completed application to business@teachersfcu.org or drop off at your nearest Teachers branch.