



BUSINESS VISA APPLICATION

Member # _____ Total Credit Requested: \$ _____

Section A: Business Information

Business Name		Federal Tax ID #	
d/b/a or Trade Name (if different than above):			
Street Address	City	State	Zip
Mailing Address (if different than above)	City	State	Zip
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other _____			
Industry/Business Type: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other _____			
Date Established:		Number of Employees:	

Section B: Authorized Officer #1

The Authorizing Officer(s) must be one of the following:
 President Owner Vice President Partner

Name (First, M.I., Last)	Social Sec.#	Date of Birth	
Street Address	City	State	Zip
Home Phone ()	Work Phone ()		
Cell Phone ()	Email Address		
Personal Annual Income* \$	Individual Credit Limit Request: \$		

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.

Section C: Authorized Officer #2

The Authorizing Officer(s) must be one of the following:
 President Owner Vice President Partner

Name (First, M.I., Last)	Social Sec.#	Date of Birth	
Street Address	City	State	Zip
Home Phone ()	Work Phone ()		
Cell Phone ()	Email Address		
Personal Annual Income* \$	Individual Credit Limit Request: \$		

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.

See Inside for Signature Section and Visa Disclosure

Section D: Designated User

Designated User #1		Designated User #2		Designated User #3	
Full Name:		Full Name:		Full Name:	
Social Sec.#:		Social Sec.#:		Social Sec.#:	
DOB:		DOB:		DOB:	
Title:	% Ownership:	Title:	% Ownership:	Title:	% Ownership:
Home Address		Home Address		Home Address	
City		City		City	
State	Zip	State	Zip	State	Zip
Individual Credit Limit Requested: \$		Individual Credit Limit Requested: \$		Individual Credit Limit Requested: \$	

Section E: Business Visa Account Agreement

The purpose of this Agreement is to establish the terms and conditions of a Business Line of Credit. In this Agreement, the words "I", "me" or "my" means each natural person (Authorized Officer and all Designated Users), business and organization who apply for, receive or use the Credit Card or duplicate Credit Cards. "We," "us," or "our" refers to Heartland Credit Union (Heartland). The word "card" means the Business VISA Credit Card and duplicates of said card. The word "account" means the Business VISA Credit Card Credit Account with Heartland.

I agree to pay all charges on this account that are made by me or anyone whom I have authorized to use my account(s). This includes all purchases, cash advances, finance charges and other charges or fees added to my account under the terms of the Agreement. I acknowledge that all cards will be used solely for business or commercial purposes and not for personal, family or household purposes. I further agree that the Business, the Authorized Officer and the Designated Users will be liable for all charges and account balances as follows: (1) Business and Authorized Officer shall be jointly and severally liable with each individual Designated User for all transactions made with all cards; and (2) each Designated User is individually liable for all transactions made with their individual card. I acknowledge that each Designated User is duly employed by the Business as of the date the card is requested and is 18 years or older.

This Agreement must be signed by the Authorized Officer, Partner or Proprietor of the Business ("Authorized Officer") who has an interest in the Business unless a non-profit, with authority to bind the Business to the terms of this Agreement. By signing as an Authorized Officer, the undersigned certifies that the execution, delivery and performance of this Agreement has been duly authorized by all necessary corporate action by the Business, and will provide evidence of such action upon request. As the Authorized Officer, I am signing both individually and as the Business's duly authorized representative. You are authorized to check my business and personal credit and employment history to answer questions about credit experience with me. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status or age provided the applicant has the capacity to enter into a binding contract; because all or part of the applicant's income derives from a public assistance program; or because the applicant has in good faith exercised any right under the Consumer Protection Act. The Federal Agency that administers the creditor is: NATIONAL CREDIT UNION ADMINISTRATION, 4807 SPICEWOOD SPRINGS ROAD, SUITE 5200, AUSTIN, TX 78759.

I/We understand that the use of this credit card constitutes acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures mailed to me/us. In addition, I/we grant Heartland Credit Union a security interest in all individual and joint share and/or deposit accounts I/we have with you now and in the future to secure my/our credit card account. When I/we am/are in default, I/we authorize you to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest I/we have given in my/our shares and deposits.

Authorized Officer #1**Authorized Officer #2**

_____ Signature	_____ Date	_____ Signature	_____ Date
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_____ Title	_____ Title
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_____ By initialing here, each applicant certifies that they have applied for joined credit _____ By initialing here, each applicant certifies that they have applied for joined credit

Designated User #1**Designated User #2****Designated User #3**

_____ Signature	_____ Date	_____ Signature	_____ Date	_____ Signature	_____ Date
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_____ Title	_____ Title	_____ Title
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Interest Rates and Interest Charges		Business Visa	
Annual Percentage Rate (APR) for Purchases	12.9%		
Other APRs: For Balance Transfers and Cash Advances	12.9%		
	These APRs will vary with the market based on the Wall Street Journal Prime Rate.		
How to Avoid Paying Interest on Purchases	Pay full amount of the New Balance of Purchases within 25 days of your statement closing date.		
Minimum Interest Charge	None		
For Credit Card Tips from the Federal Reserve board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at www.federalreserve.gov/credit		
Fees			
Annual Fee	None		
Transaction Fees:			
Cash Advance	None		
Foreign Transaction	1% of U.S. dollar transaction amount		
Penalty Fees:			
Over the Limit	None		
Late Payment	\$20 assessed on the 10th day after the stated due date		
NSF	\$25/item (Check, Visa AutoPay or other electronic means)		

How will we calculate your balance: We use a method called “average daily balances” (including new purchases)

Other Fees:

- “Rush” card fee—\$20 each
- Statement copies—\$5 each
- Copies of sales drafts—\$5 each (originals are \$10 each)
- Lost card replacement—\$10 each

The rates, terms, and fees described are as of 7/1/2010 and may have changed since that date. To find out what may have changed, call us at (651) 451-5160 or (800) 813-9185 or write us at P.O. Box 64608, St. Paul, MN 55164.

CU USE ONLY					
CU Employee: _____		Teller Number: _____		Date: _____	
Authorized Officer #1 Verification		Authorized Officer #2 Verification			
Type of ID _____		Type of ID _____			
<input type="checkbox"/> CB <input type="checkbox"/> OFAC		<input type="checkbox"/> CB <input type="checkbox"/> OFAC			
Designated User #1 Verification		Designated User #2 Verification		Designated User #3 Verification	
Type of ID _____		Type of ID _____		Type of ID _____	
<input type="checkbox"/> CB <input type="checkbox"/> OFAC		<input type="checkbox"/> CB <input type="checkbox"/> OFAC		<input type="checkbox"/> CB <input type="checkbox"/> OFAC	