

COMMERCIAL CREDIT CARD APPLICATION

Application Information Branch Account Number Renewal ☐ New ☐ Increase Use of Proceeds Limit Requested **Company/Applicant Information** Legal Name of Company/Applicant Name Primary Contact (name and telephone number) Tax ID Number Address City/County State/Zip Business Telephone FAX Business Entity: ☐ Sole Proprietorship ☐ LTD Partnership ☐ Non-Profit Unincorporated Type of Business: ☐ Partnership ☐ S Corporation ☐ Non-Profit Corporation Time in Business: Number of Employees: LL Company C Corporation ☐ LLP Principals/Owners % Ownership Title Name **Guarantors of Credit** Name % Ownership Miscellaneous (Please provide details below if You answer YES to any of the following questions) Are any of the Applicants an endorser, guarantor, or co-maker for Is the business a party to any claim or lawsuit? Has the business ever declared bankruptcy? obligations not listed on the financial statements? ☐ Yes □ No ☐ Yes Date of filing If YES, please indicate total contingent liability: \$ Details

Required Informa	tion:				
☐ Current Fiscal Year-End	Financial Statement				
☐ Current Personal Financi	ial Statements from Princi	pal/Guarantor(s) of the Busine	ess (dated and signed)		
☐ Current Tax Return for E	3-3 Borrower/Guarantor(s)	Years Minimum			
THE FOLLOWIN	NG DOCUMENT	TATION MAY BE	REQUIRED A	T SETTLEMEN	T, IF APPLICABLE:
☐ Partnership Agreement		☐ Resolution of Limited L	iability Company		
☐ Articles of Incorporation	ı				
☐ Fictitious Name Stateme	nt				
Copy of Trust Agreemen	nt if Borrower, Owner and	or Guarantor is a trust or hold	ls assets in a trust		
Signatures					
Us on this Application or o change in any such informa	authorize Us to make such on any such required doc- tion. You authorize Us to oblying and You agree that	n inquiries and gather such infument, including inquiries to accept Your facsimile signal Your facsimile signature will	Formation as We deem n the Internal Revenue So tures on this application	necessary and reasonable co ervice. You further agree to an and, subsequently, on any	g federal income tax returns, are true, oncerning any information provided to o notify Us promptly of any material other documents associated with the hal signature. You assume any risk that
Signature (Applicant)	Company	Individual/Owners	Title		Date
Signature (Applicant)	Company	Individual/Owners	Title		Date
Signature (Applicant)	Company	Individual/Owners	Title		Date
Signature (Applicant)	Company	Individual/Owners	Title		Date
Share Secured VISA Busin amount specified below:	ness Applicants: If Your	credit is approved, You gran	ıt Us a specific pledge o	of shares in Your Share A	ccount indicated below and for the
-			Amount \$_		
IMPORTANT NOTICE: If the statement, please write You a written statement of Equal Credit Opporto (provided that the applicant because the applicant has in this credit union is: Federal Trade Commission	TYour application for be to Gesa Credit Union, I reasons for the denial with ortunity Act Not portunity Act prohibits created any to enter good faith exercised any assion, Seattle Region.	usiness credit is denied, You P.O. Box 500, Richland, WA thin 30 days of receiving You tice editors from discriminating againto a binding contract); becaright under the Equal Credit Carlo Office, 2806 Federal	have the right to a wr. 19352, within 60 days ur request for the state ainst applicants on the bause all or part of the a Dpportunity Act. The feel all Building, 915 Sec.	ritten statement of the spe s from the date You are nement. passis of race, color, religion applicant's income derives a deral agency that administer	cific reasons for the denial. To obtain to the continuous of the denial of the continuous of the conti
Application Taken By:		q	IRMIT		