

# Business Credit Card Application



Sandia Laboratory Federal Credit Union | 3707 Juan Tabo Blvd. NE, Albuquerque, NM 87111 | 505.293.0500 | 800.947.5328 | slfcu.org

Visa® Business Signature with 1.00% year-end rebate on purchases.

Credit Line Requested \$ \_\_\_\_\_ SLFCU Business Checking Account # \_\_\_\_\_

## Business Information

Legal Business Name		Name Business Operates As (account will be set up in this name)		
Street Address (street name and number required)		City	State	Zip
Phone	Ext.	Fax	Taxpayer ID # (required)	Email
Brief Description of Business				

## Individuals on Company Credit Card Account (attach a separate sheet if needed for additional names)

Name	Occupation	Authorized Signature	Cell Phone	
Requested Credit Limit	For Credit Union Use Only <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Authorized User	Social Security Number	Date of Birth	
Home Address (street name and number required)		City	State	Zip
Name	Occupation	Authorized Signature	Cell Phone	
Requested Credit Limit	For Credit Union Use Only <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Authorized User	Social Security Number	Date of Birth	
Home Address (street name and number required)		City	State	Zip
Name	Occupation	Authorized Signature	Cell Phone	
Requested Credit Limit	For Credit Union Use Only <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Authorized User	Social Security Number	Date of Birth	
Home Address (street name and number required)		City	State	Zip
Name	Occupation	Authorized Signature	Cell Phone	
Requested Credit Limit	For Credit Union Use Only <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Authorized User	Social Security Number	Date of Birth	
Home Address (street name and number required)		City	State	Zip

## Billing Contact (billing statement will be mailed to the attention of billing contact name listed below)

Billing Address		City	State	Zip
Phone	Ext.	Email	Parent Company Name (if applicable)	
Business Started (month/year)	Number of Employees	Gross Annual Revenue		
Financial Institution Name	Checking Account Number	Type of Business (check only one) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____		

## Borrower's Certification, Authorization, and Resolution

On behalf of the business entity identified above that is applying for credit (the "Applicant"), I hereby affirm that the information contained in this credit application is presented for the purpose of obtaining credit as of the date indicated below and is true, complete, and correct. Applicant agrees to provide, or has already provided, its current statement of financial condition and most recent tax return. Applicant acknowledges Sandia Laboratory Federal Credit Union ("Lender") is relying on this statement of financial condition/credit application in extending credit to the Applicant. Applicant hereby certifies that the information provided is a true statement of Applicant's financial condition as of the date of valuation. All credit facilities, encumbrances of assets and contingent liabilities, including standby letters of credit, endorsements, or guaranties, are fully disclosed. Applicant hereby represents that Applicant is not a party to any bankruptcy proceedings. If there are any exceptions to the foregoing representation, they are fully disclosed to Lender in attached written exhibits. Lender is authorized to make any investigation of Applicant's credit either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties Lender's experience with this account. Applicant agrees to inform the Lender immediately of any matter which will cause any significant change in Applicant's financial condition. Applicant understands that Lender will retain Applicant's financial statement/credit application whether or not credit is granted.

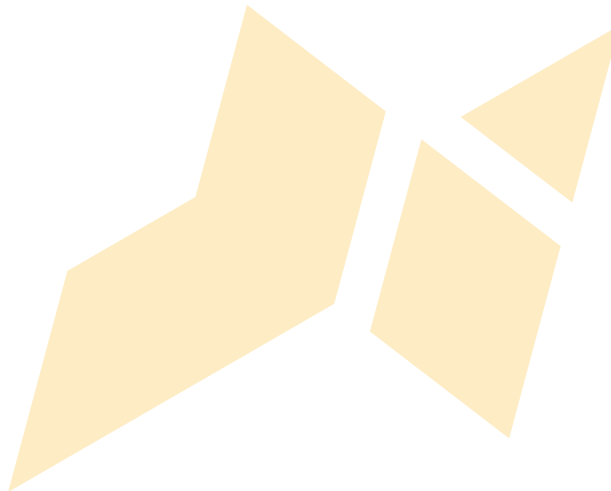
- ▶ Applicant has applied for credit from the Lender noted above. As part of this application process, the Lender may verify information contained in the Applicant's financial statement/credit application and in other documents required in connection with the credit, either before the credit is extended or as part of Lender's quality control program.
- ▶ Applicant authorizes third parties, as named in the financial statement/credit applicant, to provide Lender any and all information and documentation that it requests in connection with this application. Such information includes, but is not limited to: bank, money market and similar account balances; credit history; and copies of income tax returns. Lender may address this authorization to any party named in the financial statement/credit application.
- ▶ A copy of this authorization may be accepted as an original.

**Resolution:** By signing below, I apply for credit on behalf of the Applicant. I warrant that any approved credit will be used for business purposes and not personal, family, or household purposes. I further warrant that I am authorized to request credit on behalf of the Applicant and, if applicable, have attached a copy of a governing body resolution (such as a board resolution) certifying this fact. I acknowledge that any credit approved will be subject to the terms and conditions of the Sandia Laboratory Federal Credit Union Business Credit Card Agreement, which is available in advance and will be sent to me when cards are issued.

### I HAVE READ, UNDERSTAND, AND MAKE THESE REPRESENTATIONS AND WARRANTIES.

Authorized Signature for Applicant	Date	Print Name and Title /Relationship to Applicant
*Authorized Additional Signature for Applicant (if applicable)	Date	Print Name and Title /Relationship to Applicant

\*This row should only be used if the resolution requires multiple signers for credit request.



### For Credit Union Use Only

Account Number	Limit	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer	Number of Cards	Opening Date
Fiscal Year End	Contract Expiration Date		Next Review Date		

**Personal Information**

Name (please print)		Social Security Number		Date of Birth	
Home Address (street name and number required)		City		State	Zip
How are you related to the Applicant? Please check all that apply. <input type="checkbox"/> Officer (Specify: _____ ) <input type="checkbox"/> Shareholder/Owner of Corporation <input type="checkbox"/> Member/Owner of LLC <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____					
Home Phone		Cell Phone		Email	
Annual Personal Income From All Sources			Driver's License Number and State		

**Personal Financial Statement**

Assets	Amount	Liabilities	Balance	Monthly Payment
Cash in Bank/Credit Union	\$	Taxes Payable	\$	\$
Securities Owned	\$	Revolving Credit/Credit Cards	\$	\$
IRA/Keogh/Pension	\$	Installment Contracts & Notes Payable	\$	\$
Business Owned	\$	Line of Credit	\$	\$
Primary Residence	\$	Primary Residence	\$	\$
Other Real Estate	\$	Other Real Estate	\$	\$
Other Assets (attach details)	\$	Other Liabilities (attach details)	\$	\$
<b>Total Assets:</b>	<b>\$</b>	<b>Total Liabilities:</b>	<b>\$</b>	<b>\$</b>
Describe any loans you guarantee or co-sign for others				

**Certification and Authorization:** I hereby affirm that the information contained in the above personal financial statement is disclosed for the purpose of obtaining credit for the business entity named on the first page of this application form (“Applicant”) and is true, complete and correct as of the date indicated below. I understand Lender is relying on this statement of my financial condition and my guarantee in extending credit to the Applicant. I hereby certify that this is a true statement of my financial condition as of the date of valuation. All credit facilities, encumbrances of assets and contingent liabilities, including standby letters of credit, endorsements, or guaranties, are fully disclosed. I hereby represent that I am not a party to any bankruptcy proceedings. If there are any exceptions to the foregoing representation, they are fully disclosed to Lender in attached written exhibits. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties Lender’s experience with this account. I agree to inform the Lender immediately of any matter which will cause any significant change in my financial condition. I understand that Lender will retain this financial statement as part of the Applicant’s credit application whether or not credit is granted.

- ▶ Applicant has applied for credit from the Lender noted above. As part of this application process, the Lender may verify information contained in my financial statement and in other documents I am required to provide in connection with the extension of credit, either before the credit is extended or as part of Lender’s quality control program.
- ▶ I authorize third parties to provide Lender any and all information and documentation that Lender requests in connection with this application and Guarantee. Such information includes, but is not limited to: employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.
- ▶ A copy of this authorization may be accepted as an original.

**Guarantee:** This Guarantee is given by the individual named below as Guarantor to Lender, Sandia Laboratory Federal Credit Union (“Credit Union”), to induce Credit Union to extend credit to the Applicant. If Credit Union establishes a Credit Card account (“Account”) for Applicant, each Guarantor jointly and individually guarantees prompt payment to the Credit Union of any obligation incurred as a result of use of the Account. This is a continuing guarantee and will remain in force until revoked by the Guarantor by giving written notice to Credit Union. Revocation will be effective only as to transactions entered into after receipt by Credit Union of notice of revocation. This Guarantee covers any renewal of the Account or extensions of time for payment. Each Guarantor agrees to pay on demand all sums due or to become due by Applicant to Credit Union as well as attorney’s fees and expenses incurred by Credit Union as a result of Applicant’s default.

Signature of Primary Guarantor	Date
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**Personal Information**

Name (please print)		Social Security Number		Date of Birth	
Home Address (street name and number required)			City		State
How are you related to the Applicant? Please check all that apply. <input type="checkbox"/> Officer _____ <input type="checkbox"/> Shareholder/Owner of Corporation <input type="checkbox"/> Member/Owner of LLC <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____					
Home Phone		Fax		Email	
Annual Personal Income From All Sources			Driver's License Number and State		

**Personal Financial Statement**

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Securities Owned	\$	Revolving Credit/Credit Cards	\$	\$
IRA/Keogh/Pension	\$	Installment Contracts & Notes Payable	\$	\$
Business Owned	\$	Line of Credit	\$	\$
Primary Residence	\$	Primary Residence	\$	\$
Other Real Estate	\$	Other Real Estate	\$	\$
Other Assets (attach details)	\$	Other Liabilities (attach details)	\$	\$
<b>Total Assets:</b>	<b>\$</b>	<b>Total Liabilities:</b>	<b>\$</b>	<b>\$</b>
Describe any loans you guarantee or co-sign for others				

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Signature of Additional Guarantor	Date
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