

# VISA® Business Credit Card Application

## WHICH VISA® BUSINESS CREDIT CARD ARE YOU APPLYING FOR?

BUSINESS REWARDS

BUSINESS PLATINUM

## BUSINESS APPLICANT INFORMATION

Business Name \_\_\_\_\_ Federal Tax Number (TIN/SSN) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INFORMATION REGARDING YOUR BUSINESS

### TYPE OF ORGANIZATION (Please check one)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> C-Corporation       | <input type="checkbox"/> S-Corporation             | <input type="checkbox"/> Non-Profit Corporation                 | <input type="checkbox"/> Professional Corporation      |
| <input type="checkbox"/> Trust               | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Professional Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> Limited Partnership                    | <input type="checkbox"/> Other                         |

Official Legal Name \_\_\_\_\_ DBA Name (if any) \_\_\_\_\_ Are these names registered? \_\_\_\_\_

List of Onwers and Percentage of Ownership \_\_\_\_\_

## SURETY AND OWNER INFORMATION

ALL OWNERS OF 20% OR MORE MUST GUARANTEE PAYMENT (ACT AS SURETY) AS STATED BELOW.

**YES**, I am an owner or authorizing officer of the business and understand that my personal credit history will be reviewed as part of this application.

**YES**, my personal credit history and any businesses that I own or have owned are clear of bankruptcy or seriously delinquent accounts.

Have any actions or suits been filed against you personally or any businesses in which you own (or have owned) any interest?  **Yes**  **No**

Are there any unsatisfied judgments against you personally or any business in which you own (or have owned) any interest?  **Yes**  **No**

Years in Business \_\_\_\_\_ Years Owned Business \_\_\_\_\_ Business Annual Sales \_\_\_\_\_

## BUSINESS OWNER OR AUTHORIZED OFFICER INFORMATION & ACKNOWLEDGMENT

Name \_\_\_\_\_ Title/Position \_\_\_\_\_ D.O.B \_\_\_\_\_ SSN \_\_\_\_\_ Annual Salary \_\_\_\_\_  
 Own or Rent Residence? \_\_\_\_\_ Mortgage/Rent Payment \_\_\_\_\_ Other Income \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

I own \_\_\_\_\_% of the Business Entity (owners of 20% or more to sign individually as surety)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ TIN/EIN \_\_\_\_\_ Print Name \_\_\_\_\_

Signature: Individually as surety \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ Print Name \_\_\_\_\_

## FINANCIAL INFORMATION

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Financial Statement(s) | <input type="checkbox"/> Federal Tax Return(s) - Personal |
| <input type="checkbox"/> Share Account Statement(s)        | <input type="checkbox"/> Federal Tax Return(s) - Business |

