



VISA® BUSINESS REWARDS CREDIT CARD APPLICATION

Business Information

Legal Business Name:		Business Name To Appear on Card: (24 characters or less)	
Business Physical Address: (Not P.O. Box)		Business Mailing Address:	
Tax ID Number:		Type of Business (Goods or Services provided):	
Years at Current Location:	Month/ Year Business Established:	State Business was Formed:	Number of Employees:
Business Web Address:	Business Email Address:	Business Phone Number:	Business Fax Number:
Legal Structure: (Pick One) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Other _____			
Gross Annual Sales (revenue): \$	Net Income Last Fiscal Year: \$	Is this business a non-profit? <input type="checkbox"/> No <input type="checkbox"/> Yes (additional information will be required)	
Bank Name (for your business operating account):	Bank Contact Name:	Bank Contact Phone #:	
Average Monthly Balance (of your business operating account): \$	Anticipated Monthly Credit Card Spend: \$		

Contact Information

This person will be authorized to obtain account information, as well as make account changes such as but not limited to address changes and addition/deletion of cardholders. It is the responsibility of an authorized party to inform Creditor of any changes to the contact person. Limit Increase(s) must be requested by all authorized parties in writing and may require additional documentation such as updated financial statements.

Contact Name	Contact Title	Contact Phone #
Contact Signature (to verify future correspondence)		

Guarantor Information Note: Please contact us to request credit cards for additional business principals or staff.

Name: (First, MI, Last):		Title:	% of Ownership:
Home Address (not P.O. Box):		Home Phone Number:	Cell Phone Number:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Length at Current address: ____ Years ____ months	Social Security Number:	Date of Birth: mm/dd/yyyy
Citizenship Status	Annual Gross Salary (income): \$	Anticipated Monthly Credit Card Spend: \$	

BY SUBMITTING THIS APPLICATION The individuals (“you”) signing below acknowledge and agree to all the Terms and Conditions set forth in this application, (front and back) and sent to you upon card issuance. You also certify that you have the authority to make this application for the business listed and all information and documents submitted are verifiable and accurate. You understand that the creditor may ask for additional identifying documents from you and the business to assist with credit decisions and cooperate with the US Patriot Act. You authorize the creditor to obtain your personal credit report and to provide credit information to credit bureaus about you if applicable.

PAYMENT You acknowledge that if you selected a revolving payment plan and do not qualify you will automatically be setup as a pay-in-full account.

GUARANTY By signing below, each individual jointly, separately and unconditionally guarantees payment of and agrees to pay creditor for all charges and balances on all accounts established with this application. Under this Guaranty, the liability of Guarantor(s) is unlimited and the obligations of Guarantor are continuing, including any future credit limit increases.

Applicant (Guarantor) Signature

Date

To submit this application:

By Mail:

NIH Federal Credit Union
Credit Card Department – Business
PO Box 6475
Rockville, MD 20849-6475

By Fax:

301.296.0579

Please do not send by email.

**Should you need assistance or to request credit cards for additional authorized users,
please call us at 301.296.2539.**