

HOW TO APPLY:

Please complete the Visa® Application. You may return it by mail; fax to 617-582-6068; or call 617-732-8671 to arrange an appointment with our Small Business Officer.

BUSINESS VISA APPLICATION

MEMBER BUSINESS INFORMATION

LEGAL BUSINESS NAME (Please Print)		TAXPAYER ID#	DATE ORGANIZED (mm/yy)
TRADE NAME (DBA)		DATE CURRENT BUSINESS OWNERSHIP BEGINS (mm/yy)	
PRINCIPAL PLACE OF BUSINESS ADDRESS (Must be Street Address, not P.O. Box)		MAILING ADDRESS (if different, no P.O. Box for credit card)	
STREET		CITY, STATE, ZIP	
CONTACT NAME AND TITLE			
BUSINESS TELEPHONE # (including area code)		FAX # (including area code)	E-MAIL ADDRESS
NATURE OF BUSINESS (eg., retail/women's apparel, manufacturer/office furniture/attorney)		NUMBER OF EMPLOYEES	TOTAL CASH BALANCE IN BUSINESS ACCOUNTS \$
BUSINESS SALES (last fiscal year) \$ _____ as of _____		BUSINESS NET INCOME (last fiscal year) \$ _____	_____ as of _____
ARE YOU OR IS YOUR BUSINESS A PARTY TO, OR THREATENED WITH, ANY CLAIM OR LAWSUIT <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN _____			
HAVE YOU OR HAS ANY BUSINESS THAT YOU OWNED OR OPERATED EVER DECLARED BANKRUPTCY <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN _____			
DO YOU OR DOES YOUR BUSINESS OWE ANY TAXES FOR YEARS PRIOR TO THE CURRENT YEAR <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN _____			
BUSINESS STRUCTURE (must be a U.S. business)			
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CO. <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> NOT FOR PROFIT <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> OTHER _____			

Credit Limit Requested \$ _____	MEMBER INFORMATION		MAFCU ACCOUNT # _____
NAME & TITLE	% OWNERSHIP	DATE OF BIRTH	BANK ACCOUNT # AND BANK NAME
STREET	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE # AND STATE
CITY, STATE, ZIP	MONTHLY OBLIGATIONS \$ 1. _____		
ANNUAL ADJUSTED GROSS INCOME \$ 2. _____	HOW LONG HAVE YOU BEEN OWNER? _____		
ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, INCLUDE A COPY OF CURRENT ALIEN REGISTRATION IDENTIFICATION		EXPIRATION DATE
NAME & TITLE	% OWNERSHIP	DATE OF BIRTH	BANK ACCOUNT # AND BANK NAME
STREET	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE # AND STATE
CITY, STATE, ZIP	MONTHLY OBLIGATIONS \$ 1. _____		
ANNUAL ADJUSTED GROSS INCOME \$ 2. _____	HOW LONG HAVE YOU BEEN OWNER? _____		
ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, INCLUDE A COPY OF CURRENT ALIEN REGISTRATION IDENTIFICATION		EXPIRATION DATE

1. Total of all monthly principal and interest payments on all personal debt, i.e. car loans, credit cards, mortgages, etc.
2. Income from alimony, child support, or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.

EMPLOYEE CARDHOLDERS (Use Additional Sheets if Needed)

CARD REQUESTED FOR COMPANY OWNER #1		CASH ACCESS?	CARD REQUESTED FOR COMPANY OWNER #2		CASH ACCESS?
<input type="checkbox"/> Yes Credit Line: \$ _____		<input type="checkbox"/> No	<input type="checkbox"/> Yes Credit Line: \$ _____		<input type="checkbox"/> No
EMPLOYEE NAME	TITLE	BUSINESS PHONE	CREDIT LINE	CASH ACCESS?	
			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYEE NAME	TITLE	BUSINESS PHONE	CREDIT LINE	CASH ACCESS?	
			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYEE NAME	TITLE	BUSINESS PHONE	CREDIT LINE	CASH ACCESS?	
			\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RESOLUTION/AUTHORIZATION

FOR CORPORATIONS: I hereby certify that I am the _____ of the Company and that the following is a copy of a resolution adopted by the governing body at a meeting duly called and held at which a quorum was present and acting throughout or by other means authorized by law.

RESOLVED, that any one (1) officer of this entity is authorized and directed to sign and submit a Business Credit Card Application (Application) to Medical Area Federal Credit Union and any other documents required by the Credit Union in connection with the Application, and to agree to be bound by the applicable Agreement (as defined therein), which Agreement contains the terms and conditions regarding the issuance of credit cards to employees, officers, directors, and associates of this entity and that any other writings executed in connection with the Application or the Agreement are hereby ratified, confirmed, and approved.

PRINT NAME _____ DATED THIS _____ DAY OF _____
TITLE _____ SIGNATURE _____

FOR PARTNERSHIPS AND LIMITED LIABILITY COMPANIES: All partners/members/managers of the Company, a partnership/limited liability company, hereby authorize and direct any one (1) partner/member/manager to sign and submit an Application to the Credit Union and any other documents required by the Credit Union in connection with the Application, and to agree to be bound by the applicable Agreement (as defined therein), which Agreement contains the terms and conditions regarding the issuance of credit cards to partners/members/managers, employees, and associates of this entity and that any other writings executed in connection with the Application or the agreement are hereby ratified, confirmed, and approved.

DATED THIS _____ DAY OF _____