

# Visa® Platinum Rewards Business Credit Card Application



COMPANY INFORMATION			
Business Name	Entity Type		Member Number
Street Address			
City	State	Zip	County
Phone Number	Fax Number		
Email Address	Website Address		
Tax ID Number	Organized in State of		
Nature of Business*	Established Date*	Number of Employees	
Present Management Since*			

COMPANY FINANCIAL INFORMATION	
Most recent years' tax return*	Current Annual Gross Revenue
Current Annual Net Profit	Depreciation Expense* \$
Interest Expense* \$	Officer's Compensation* \$
Total Assets* \$	Total Liabilities* \$
Net Worth/Equity* \$	

MISCELLANEOUS INFORMATION (PLEASE CHECK OR CIRCLE YOUR ANSWER, Y for YES, or N for NO)			
Has the business or any principal/owner ever declared bankruptcy?	Y N	Is the business or any principal/owner a party to any tax lien or lawsuit?*	Y N
Has the business incurred a loss in any of the past 3 years?	Y N	Are there any delinquent State or Federal taxes owed by the business?*	Y N
Is the business for sale or under agreement that would change the ownership of the business?*	Y N	Has the business changed names in the past 5 years?*	Y N
Are any of the business assets pledged as collateral for any loan?*	Y N	Has the business or principal/owner ever settled a debt for less than the amount owed?*	Y N

OWNER/GUARANTOR 1 INFORMATION		
First	MI	Last
Date of Birth	Social Security Number	
Street Address		
City	State	Zip
Home Phone	Cell Phone	
Email address	% Business owned (in percentage):	
Title		

OWNER/GUARANTOR 1 EMPLOYMENT INFORMATION		
Employment Status	Occupation	
Employment Duration	Years	Months
Employer City	State	Zip
Employer		
Work Phone		

OWNER/GUARANTOR 1 MONTHLY INCOME INFORMATION	
Gross Monthly Income \$	
Other Income 1(\$)	Other Income 1 Description
Other Income 2(\$)	Other Income 2 Description

\*Alimony, child support and separate maintenance income do not need to be revealed if you do not wish to have them considered as a basis for repaying this obligation.

OWNER/GUARANTOR 2 INFORMATION			
First	MI	Last	
Date of Birth	Social Security Number		
Street Address			
City	State		Zip
Home Phone	Cell Phone		
Email address	% Business owned (in percentage):		
Title			
OWNER/GUARANTOR 2 EMPLOYMENT INFORMATION			
Employment Status	Occupation		
Employment Duration	Years	Months	Employer
Employer City	State		Zip
Work Phone			
OWNER/GUARANTOR MONTHLY INCOME INFORMATION			
Gross Monthly Income \$			
Other Income 1(\$)	Other Income 1 Description		
Other Income 2(\$)	Other Income 2 Description		
*Alimony, child support and separate maintenance income do not need to be revealed if you do not wish to have them considered as a basis for repaying this obligation.			

The information contained in this statement is provided with the intent of the undersigned to establish, modify or otherwise maintain an extension of credit from the credit union. The undersigned acknowledges and understands that the credit union is relying on information provided herein in deciding to grant or continue credit to the undersigned. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify the credit union immediately and in writing of any change in name, address, or employment and of any material adverse changes (1) in any of the information contained in the statement or (2) in the financial condition of any undersigned or (3) in the ability of any of the undersigned to perform its (or your) obligations to the credit union. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify the credit union as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, we may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. The credit union is authorized to make all inquiries we deem necessary to verify the accuracy of the information herein and to determine the creditworthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give information about our credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to the credit union is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial information that the undersigned gives us shall be credit union property.

I/we have read and agree to the above Representation and Warranties Agreement.

#### Commercial Use

The undersigned certifies that any property and/or proceeds from the proposed request will be used by the applicant for commercial purpose only and not for any personal, family or household purposes, and that the proposed request would constitute a business loan which is exempted from the disclosure requirements of Regulation Z - Truth in Lending Act. The applicant agrees to indemnify and hold lender harmless from any and all claims, loss or damage resulting or caused by the request being subject to any of the provisions of the federal Consumer Credit Protection Act (Truth-in-Lending Act) and Regulation Z. The undersigned certifies that he/she has full authority to act on behalf of applicant in connection with the above referenced credit request.

I/we have read and agree to the above Commercial Use Agreement

#### Permission to Obtain a Credit Report

By clicking on "I agree", you authorize us to verify the information you submitted and to obtain credit reports concerning you. Upon your request, we will tell you if a credit report was obtained and give you the name and address of the credit reporting agency that provided the report. You warrant to us that the information you are submitting is true and correct. By submitting this application, you agree to allow us to receive the information contained in your application, as well as the status of your application.

I agree

#### The Equal Credit Opportunity Act

Prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit union is: National Credit Union Administration, Office of Consumer Protection (OCP), Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street, Alexandria, VA 22314. Phone (703) 518-1141; Fax (703) 837-2460.

#### Right to Statement of Denial

If Commonwealth One denies your application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact Commonwealth One, Business Services, P.O. Box 9997, Alexandria, VA 22304 or by phone at 703-823-5211 within sixty (60) days from the date you were notified of the Credit Union's decision. Commonwealth One will send you a written statement of reasons for the denial within thirty (30) days of receiving your request.

**Return your completed application to your Business Service Specialist, bring it to a branch, or mail it to us.**  
CommonWealth One Federal Credit Union  
Attn: Business Services | P.O. Box 9997 | Alexandria, VA 22304-0797

SIGNATURE 1

DATE

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SIGNATURE 2

DATE

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