

**INFORMATION ABOUT YOUR BUSINESS:** 

Address — Local Office or Principal Place of Business

Company Name to Appear on Card (maximum 21 characters/spaces)

Corporation

Limited Liability

Legal Business Name

Type of Organization:

FOR OFFICE USE ONLY		
Approval Date:	Loan Officer:	
Mastercard Rate/Terms: Prime+	Mastercard Statement Cycle: 1	
Business #:	Business Exp. Date:	Ctrl Acct #:

Taxpayer Identification Number

Sale Proprietor

Gross Annual Revenue

Phone Number

Year Business Started

## **CEFCU®** Business Credit Mastercard® Electronic Application

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW BUSINESS ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each business that opens a new account and the beneficial owners of the Business.

What this means for the business: when the business opens a new account, we will ask for the business' name, address (local office or principal place of business), taxpayer identification number, and other information that will allow us to verify the existence of the business. We may also ask for other identifying documents or use non-documentary methods to verify the existence of the business.

What this means for the beneficial owners: when the Business opens an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license or other identifying documents.

CEFCU Savings Account Number CEFCU ID Number

Company Partnership

Name of Cardholder(s) (maximum 21 characters each)	Requested Credit Limit	Phone Number	For Office Use	Only — Approved
ζ, (, , , , , , , , , , , , , , , , , ,				- y
Total Credit Limit Requeste	d			
Accumulation Cardholder Account for Rewards Points	Mastercard Security Pass	WOrd (maximum 8 letters/numbers)		
RINCIPALS/AUTHORIZED PERSONS:				
ote: "Principals" means persons who have an ownership in	0			
open, obtain information, and perform maintenance on th incipals/Authorized Persons, attach a typed sheet with the		nere is a limit of 3 Authorized Pers	ons per Business. I	For additional
incipals/Authorized Persons, attach a typed sheet with the	illioillation below.		Dringing	
lame	Social Security Number (requir	red) Annual Income* (Principals of	Principal	Authorized Perso
		ed) Annual Income* (Principals of	only)	
	Social Security Number (required) City, State, ZIP	ed) Annual Income* (Principals of		
Home Address (required)	City, State, ZIP		Phone N Principal	Authorized Perso umber Authorized Perso
lome Address (required)			Phone N Principal	umber
dome Address (required)	City, State, ZIP		Phone N Principal	umber Authorized Perso
lome Address (required)  lame  lome Address (required)	City, State, ZIP  Social Security Number (require City, State, ZIP	ed) Annual Income* (Principals o	Phone N Principal Only) Phone N	umber Authorized Perso umber
lome Address (required)  lame  lome Address (required)  the Company, by the undersigned duly authorized officer(s) a company and that business card(s) be issued on said account	City, State, ZIP  Social Security Number (require City, State, ZIP)  nd/or person(s): (i) requests a Control to the cardholder(s) set forth a	ed) Annual Income* (Principals of EFCU Business Credit Mastercard above; (ii) authorizes CEFCU to che	Phone N Principal Phone N Phone N account be opened sek the account(s), of	umber  Authorized Perso  umber  I on behalf of the credit history and
lome Address (required)  lame  lome Address (required)  the Company, by the undersigned duly authorized officer(s) a ompany and that business card(s) be issued on said accound that a credit report from third parties on the Company; (iii)	City, State, ZIP  Social Security Number (require  City, State, ZIP  nd/or person(s): (i) requests a Control to the cardholder(s) set forth agrees to be bound by all terms	EFCU Business Credit Mastercard above; (ii) authorizes CEFCU to che and conditions of the CEFCU Busi	Phone N Principal Phone N account be opened ock the account(s), oness Credit Master	umber  Authorized Perso  umber  I on behalf of the credit history and card Cardholder
ome Address (required)  ame  ome Address (required)  the Company, by the undersigned duly authorized officer(s) a company and that business card(s) be issued on said accountain a credit report from third parties on the Company; (iii) greement and any other agreements made applicable to Co	City, State, ZIP  Social Security Number (required to the cardholder(s) set forth a agrees to be bound by all terms mpany's CEFCU Business Credit	EFCU Business Credit Mastercard above; (ii) authorizes CEFCU Business Credit Mastercard and conditions of the CEFCU Business Mastercard account; (iv) certifies	Phone N Principal Phone N account be opened to the account(s), oness Credit Master that all of the information of the informati	umber  Authorized Perso  umber  I on behalf of the credit history and card Cardholder mation provided abov
lame  lome Address (required)  the Company, by the undersigned duly authorized officer(s) a company and that business card(s) be issued on said account btain a credit report from third parties on the Company; (iii) greement and any other agreements made applicable to Cond in the financial statements and other documentation subtractions.	City, State, ZIP  Social Security Number (required to the cardholder(s) set forth a agrees to be bound by all terms mpany's CEFCU Business Credit comitted herewith are true and co	EFCU Business Credit Mastercard above; (ii) authorizes CEFCU business Credit Mastercard above; (iv) certifies (iv) certifies (iv) certifies that the CEFCU Businest; (v) certifies that the CEFCU Businest; (vi) certifies that the CEFCU Business; (vii) certifies that the CEFCU Business; (viii) certifies that the CEFCU Business; (viiii) certifies that the CEFCU Business; (viiii) certifies t	Phone N Principal Phone N account be opened ock the account(s), oness Credit Master that all of the inform Business Credit Ma	umber  Authorized Perso  umber  I on behalf of the credit history and card Cardholder mation provided abov stercard account will
lome Address (required)	City, State, ZIP  Social Security Number (required to the cardholder(s) set forth a agrees to be bound by all terms ampany's CEFCU Business Credite to the cardholder to the cardholder of the c	EFCU Business Credit Mastercard above; (ii) authorizes CEFCU to che and conditions of the CEFCU Business Credit in Certifies rrect; (v) certifies that the CEFCU Ecrovide CEFCU additional financial	Phone N Principal Phone N account be opened tok the account(s), oness Credit Master that all of the inform Business Credit Mainformation upon re	umber  Authorized Perso  umber  I on behalf of the credit history and card holder mation provided above stercard account will equest. The principal
lame  Iome Address (required)  The Company, by the undersigned duly authorized officer(s) a ompany and that business card(s) be issued on said account betain a credit report from third parties on the Company; (iii) greement and any other agreements made applicable to Cond in the financial statements and other documentation subsections of the condition of the consumer of the consu	City, State, ZIP  Social Security Number (required to the cardholder(s) set forth a agrees to be bound by all terms ampany's CEFCU Business Credite to the cardholder to the cardholder of the c	EFCU Business Credit Mastercard above; (ii) authorizes CEFCU to che and conditions of the CEFCU Business Credit in Certifies rrect; (v) certifies that the CEFCU Ecrovide CEFCU additional financial	Phone N Principal Phone N account be opened tok the account(s), oness Credit Master that all of the inform Business Credit Mainformation upon re	umber  Authorized Perso  umber  I on behalf of the credit history and card holder mation provided above stercard account will equest. The principal

CEFCU Savings Account Number	
CEFCU ID Number	

FOR OFFICE USE ONLY		
Approval Date:	Loan Officer:	
Mastercard Rate/Terms: Prime+	Mastercard Statement Cycle: 1	
Business #:	Business Exp. Date:	Ctrl Acct #:

PAYMENT OPTIONS: Please check the box below to indicate the payment option the business is requesting.

Consolidated Pay. One check is written to pay the account regardless of the number of cardholders. All accounts roll under umbrella accounts at months'-end. Cards issued have different account numbers and credit limits. One monthly statement issued for all accounts. Transactions are listed by cardholder. The total amount of purchases and cash advances cannot exceed the credit limit during the statement cycle regardless of any payments made.

Individual Pay. A separate check is written to pay each cardholder account. Account numbers are tied together with the same numbering scheme. Cards issued have different account numbers and credit limits. A separate monthly statement is issued for each cardholder.

#### PERSONAL GUARANTY OF PAYMENT:

I/We, the undersigned principal owner(s) of the Company, as an individual(s), in consideration of the foregoing, absolutely guaranty, without any restriction, condition or limitation, prompt payment on demand of any and all obligations of the Company to CEFCU under the CEFCU Business Mastercard Cardholder Agreement and all charges made on, and performance of all obligations of the Company and the cardholder(s) under the CEFCU Business Credit Mastercard account, and agree(s) to pay CEFCU's reasonable attorneys' fees, costs and expenses incurred in enforcing this Guaranty; and, authorize CEFCU to check my/our accounts, credit and employment history and obtain a credit report from third parties on me/us.

Name Signature Name Signature Date

# **CEFCU® Business Credit Mastercard® Electronic Application Disclosures**

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases, Balance	14.90% to 25.25% based on your creditworthiness.¹ These APRs will vary with the market based on the
Transfers, Cash Advances, and Convenience Checks	Prime Rate. <sup>2</sup>
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$.50.

Fees	
Annual Fee	None
Transaction Fees	
· Cash Advance Fee	\$10 for each advance.
· Foreign Transaction	1% of each Purchase in U.S. Dollars.
	1% of each Cash Advance in U.S. dollars. (This fee is in addition to other applicable fees such as Cash Advance fees.)
Additional Fees	Late Fee: \$29; Overlimit Fee: \$29; Returned Payment Fee: \$25

### How We Will Calculate Your Balance: We use a method called "average daily balance (including current transactions)."

This balance is figured for Purchases, for Balance Transfers, and for Cash Advances, separately, but adding the outstanding balance (including current transactions and deducting payments, credits, unpaid interest charges, and unpaid fees) for each day of the billing cycles, and then dividing by the number of days in the billing cycle.

The rates, information, and fees described above are accurate as of 10/1/2023. This information may have changed after that date. To find out what may have changed: Call CEFCU Business Services at 309.633.7065 or 1.800.633.7077, ext. 37065; write to us at CEFCU Business Services, P.O. Box 1715, Peoria, IL 61656-1715; or email us at <a href="mailto:businessservices@cefcu.com">businessservices@cefcu.com</a>.

<sup>1</sup>The APR is determined by adding the "Margin" to the "Prime Rate". The Margin is 6.40% to 16.75% determined based on your creditworthiness at the time of your application. If your application is approved, the APR and Margin for your account will be communicated to you and disclosed in the Account-Opening Disclosure Statement included with your account-opening documents. The Margin can change from time to time on advance notice.

<sup>2</sup>The "Prime Rate" is the prime rate published in the "Money Rates" column of The Wall Street Journal on the computation dates. The computation dates will be December 1, March 1, June 1, and September 1 (or if such dates do not fall upon a business day, the first publication day thereafter). The APRs are based on the 8.50% Prime Rate on 9/1/23.

\*Annual Income: Income from alimony, child support or separate maintenance does not need to be revealed if you do not want us to consider it in determining your creditworthiness.

If you are younger than 21, you should only provide income that you earn.

Additional business and financial information may be required to process your request.

### Important Information — Please Read

- A) No applicant may be denied a credit card on account of race, color, religion, national origin, ancestry, age (between 40 and 70), sex, marital status, physical or mental handicap unrelated to the ability to pay or unfavorable discharge from military service. B) The applicant may request the reason for the rejection of his or her application for a credit card.
- C) No person need reapply for a credit card solely because of a marital status change unless the marital status change has caused deterioration in the person's financial position.

  D) A person may hold a credit card in any name permitted by law that he or she regularly uses and is generally known by, so long as no fraud is intended thereby.

