



BUSINESS CREDIT CARD APPLICATION

Account Number

Credit Limit Requested

Thank you for applying for an Ohio Catholic Federal Credit Union (Ohio Catholic) Business Credit Card. Please complete this application and sign where indicated. You can return your completed application to the Ohio Catholic Business Services Department to one of our regional branches or by fax to 440-744-0838.

PLEASE FILL OUT THE FORM BELOW ABOUT YOUR BUSINESS

Business Name as you would like it to appear on card (limited to 24 characters, including spaces)		
Business Name (if different from above)		
Street Address (No P.O. Box)		City, State, Zip
Mailing Address (if different from above)		City, State, Zip
Business Phone Number	Business Fax Number	Business Email Address
Business Website		
Tax I.D. Number/Social Security Number	Number of Employees	Business Net Annual Income
State of Origination	Date Established	Present Management Since (Year)
Legal Structure of Business (LLC, Inc., LLP, Sole Prop., etc.)		
Description of Business Operations		

SUPPORT MATERIAL REQUIRED

A Business Services Officer will contact you if additional documents are required to process your loan request.

AUTHORIZED SIGNER SIGNATURE

You certify that you are an Authorized Signer of the Business named above with the authority to bind the Business to the Ohio Catholic Business Card Terms and Conditions. You also certify that this application and all other support materials including financial statements are complete and correct. You authorize Ohio Catholic to obtain credit reports and make other inquiries such as requests from the IRS or other organizations necessary to process your loan request. If credit is granted, you understand that you and the Business are individually and jointly liable for paying charges on the Account and agree to the Ohio Catholic Business Card Terms and Conditions. You understand and agree that your account, including applicable rates and further use of credit, are subject to periodic review at the discretion of Ohio Catholic.

You understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares or deposits.

AUTHORIZED SIGNER/CARD USER INFORMATION

Authorized Signer Name (Last, First, Middle)	Job Title/Position	Authorized Signer SSN
Home Address		Date of Birth
City, State, Zip	Phone Number	
Email Address	Driver's License, Gov't ID No., or State ID No.	
Authorized Signer Signature	Date	

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