

## BUSINESS PLATINUM VISA<sup>®</sup> CREDIT CARD APPLICATION

The business entity must qualify for membership and open a business savings account with Chessie Federal Credit Union in order to apply for a Visa<sup>®</sup> Business Credit Card. The business savings account may be opened at the same time as the credit application.



Amount Requested: (\$5,000 minimum to \$25,000 maximum)

New Account  Increase Credit Limit

### COMPANY INFORMATION

Business Name:		DBA Name:			
Address:		City:	County:	State:	Zip:
Phone:	Fax:	Website:			
Legal Status: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust					
Tax I.D. Number	Date Bus. Established	Owner Since	# of Locations	# of Employees	

### OWNER(S) INFORMATION (for all owners with 20% or greater ownership interest)

<b>1) Name (First, MI, Last)</b>		Title	% Ownership	Date of Birth	Mother's Maiden Name
Address		Driver's License #		E-mail	
City	State	Zip	Monthly Salary	Social Security	
Home Phone		Cellular Phone			
<b>2) Name (First, MI, Last)</b>		Title	% Ownership	Date of Birth	Mother's Maiden Name
Address		Driver's License #		E-mail	
City	State	Zip	Monthly Salary	Social Security	
Home Phone		Cellular Phone			

### MISCELLANEOUS INFORMATION

**HAS THE BUSINESS OF ANY PRINCIPAL/OWNER EVER DECLARED BANKRUPTCY?**     YES  NO  
**IS THE BUSINESS OR ANY PRINCIPAL/OWNER A PARTY TO ANY LIEN OR LAWSUIT?**     YES  NO  
**ARE THERE ANY DELINQUENT STATE OR FEDERAL TAXES OWED BY THE BUSINESS?**     YES  NO  
**IS THE BUSINESS FOR SALE OR UNDER AGREEMENT THAT WOULD CHANGE THE OWNERSHIP OF THE BUSINESS?**     YES  NO  
**HAS THE BUSINESS CHANGED NAMES IN THE LAST 5 YEARS?**     YES  NO  
**HAS THE BUSINESS RELOCATED FROM ONE COUNTY TO ANOTHER IN THE PAST 5 YEARS?**     YES  NO

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH DETAILS**

**REQUIRED SIGNATURES**

By submitting the Business Platinum Visa Credit Card Application, you certify that, to the best of your knowledge and belief, all information contained on this application [and in the accompanying statements and documents] is true, and correct. You agree to notify Chessie Credit Union (CHESSIE CU) immediately of any material changes in this application. You authorize CHESSIE CU or its assigns to contact any bank, business credit reporting and credit bureau agencies and associations it deems necessary without further notice to obtain credit information on principals, guarantors and the business. You also authorize CHESSIE CU or its assigns to make inquiries to the Internal Revenue Service on Principals, guarantors and the business and to provide information concerning Applicant's credit relationship to business credit reporting and credit bureau agencies and associations and other creditors. This application remains the sole property of CHESSIE CU whether or not the loan/lease is granted.

Applicant Signature	Date	Title
Co-Applicant Signature (Required)	Date	Title
Guarantor Signature (Required)	Date	
Guarantor Signature (Required)	Date	

Number of Cards Requested:			
Name of Authorized Signer:		Signature:	
Social Security Number:	Date of Birth:	Mother's Maiden Name:	Drivers License #
Name of Authorized Signer:		Signature:	
Social Security Number:	Date of Birth:	Mother's Maiden Name:	Drivers License #
Name of Authorized Signer:		Signature:	
Social Security Number:	Date of Birth:	Mother's Maiden Name:	Drivers License #
Name of Authorized Signer:		Signature:	
Social Security Number:	Date of Birth:	Mother's Maiden Name:	Drivers License #

**For office use only**

Branch	Employee Name	E-mail
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**PERSONAL FINANCIAL STATEMENT (Please duplicate as needed)**

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stock holder owning 20% or more of voting stock, or (4) any person or entity providing a guarantee on the loan.

**Name**

<b>ASSETS</b> (Omit Cents)		<b>LIABILITIES</b> (Omit Cents)	
Cash on hands & in Banks (Please provide verification)	\$	Account Payable (Including Credit Cards)	\$
Savings Accounts (Please provide verification)	\$	Notes Payable to Banks	\$
IRA or Other Retirement Account (Please provide verification)	\$	Installment Account (Auto) Mo. Payments \$	\$
Accounts & Notes Receivable (Please provide verification)	\$	Installment Account (Other) Mo. Payments \$	\$
Life Insurance-Cash Surrender Value Only	\$	Loan on Life Insurance	\$
Stocks & Bonds (Please provide verification)	\$	Mortgages on Real Estate (Describe in Section 2)	\$
Real Estate (Please provide verification)	\$	Unpaid Taxes	\$
Closely Held Companies (Net Worth)	\$	Other Liabilities	\$
Other Personal Property Include Automobile	\$	<b>Total Liabilities</b>	\$
Other Assets		<b>NET WORTH</b>	
TOTAL		TOTAL	

<b>Section 1. Source of Income</b>		<b>Contingent Liabilities</b>	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provisions for Federal Income Tax	\$
Other Income (Describe Below)	\$	Other Special Debt	\$

Alimony or Child support payments need to be disclosed in "other income" unless it is described to have such payments counted toward total income.

**Section 2. Real Estate Owned** (list each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed)

<b>Type of Property</b>	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address or Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of payment per Month/Year			
Net Cash Flow Produced by Property			

I authorize Chessie Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness, including but not limited to credit bureau inquiries, verification of tax returns with the IRS, credit and banking references, etc. I certified the above and the statements contained in the attachments are true and accurate of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements my result forfeiture and possible prosecution by the US Attorney General (Ref. 18 U.S.C. 1001)

Signature:	Date:	Social Security:
Signature:	Date:	Social Security:

Form **4506-T**

( Rev. January 2008 )  
 Department of the Treasury  
 Internal Revenue Service

## Request for Transcript of Tax Return

➤ **Do not sign this form unless all applicable lines have been completed.**  
**Read the instructions on page 2.**

➤ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filled if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company, enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.**

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. > \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .

**8. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days. . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

➤ Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
➤ Title (if line 1a above is a corporation, partnership, estate, or trust)	Date	
➤ Spouse's signature		



USA PATRIOT ACT DISCLOSURE

Under Federal Regulation Bank Secrecy Act/Anti-Money Laundering, we are required to obtain the following information. Failure to provide this information can delay processing your request.

Date: \_\_\_\_\_ Member Number \_\_\_\_\_

Member Name: \_\_\_\_\_

Do you import? ( ) YES ( ) NO

Which countries do you import from? \_\_\_\_\_

Describe Products Imported: \_\_\_\_\_

Do you export? ( ) YES ( ) NO

Which countries do you export to? \_\_\_\_\_

Describe Products Exported: \_\_\_\_\_

Do you use Letters of Credit? ( ) YES ( ) NO

What are the names of the Confirming / Advising Bank (s)? \_\_\_\_\_

Account Activity:

1. Expected average balance \_\_\_\_\_

2. Wire Transfers? ( ) YES ( ) NO

If "YES" which countries will you wire to? \_\_\_\_\_

Annual amount expected to be wired to foreign countries: \$ \_\_\_\_\_

Annual amount expected to be wired from foreign countries: \$ \_\_\_\_\_

3. Average number of monthly withdrawals \_\_\_\_\_

4. On a regular basis will you purchase: \_\_\_ Money Orders \_\_\_ Official Checks \_\_\_ Travelers Checks

Purpose of the above purchase: \_\_\_\_\_

Source of Funds - What is the origin of funds being deposited in the account and what percentage?

1. % of payments from customers \_\_\_\_\_

2. % of sale of corporate assets \_\_\_\_\_

3. % of sale of personal assets \_\_\_\_\_

4. % Other \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Annual sales: \_\_\_\_\_

Completed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

