INDIANA Members Credit Union
Keeping It Simple

Business Visa Card

Credit Limit Request *or* ☐ Credit Limit Increase $ _____

Applicant

Business Name | Established Date | Credit Union Acct. No. | EIN

Address: No./Street Name | City | State | Zip Code

Phone | Other Phone | Web address

# of Cards Required

Cardholder | Title

Cardholder | Title

Cardholder | Title

Personal Information for Guaranty

First Name | M.I. | Last Name | Date of Birth | Social Security No.

Employer | Position | Gross Mo. Income | How Long (years)

Address | City | State | Zip

Work Phone | Home Phone | email address

Are there any judgements, garnishments or legal proceedings against you? *If yes, explain:* _____ ☐ Yes ☐ No
Are you a cosigner? ☐ Yes ☐ No
Have you ever filed bankruptcy? *If yes, what year?* _____ ☐ Yes ☐ No

Credit Information

Business primary banking with: | Checking Balance | Savings Balance

Business Indebtedness

To Whom | Account Number | Balance | How Payable

To Whom | Account Number | Balance | How Payable

To Whom | Account Number | Balance | How Payable

(attach additional sheet if necessary)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: All sections should be filled out completely. If not, processing of your application may be delayed. This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries for other parties. This offer is subject to the credit policies of this institution. I/we agree to be bound by the terms and conditions of the credit card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such term to be conclusively presumed by the applicant's use. The guarantor shall be jointly and severally liable for any and all credit extended from time to time. Credit Union retains its lien rights under the Indiana Credit Union Act. Indiana Members Credit Union is an Equal Opportunity Lender.

X _____
Signature | Date

X _____
Guarantor Signature | Title | Date

Transfer of Balance Request

☐ Yes, I want to transfer the amount shown in the credit card account listed below to my Indiana Members credit card. I understand that if I am not approved for my requested limit Indiana Members will only transfer debts within my approved credit limit.

Card Issuer | Acct. No. | Amount | Address

X _____
Signature | Date

☐ Approved ☐ Rejected Date: _____ No. of Cards: _____ Expiration Date: _____ Credit Line Amount: _____ Loan Officer: _____

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Credit Card Program

Whether dining out with clients, making hotel reservations or just buying office supplies, a credit card is virtually a necessity in today's business world. Indiana Members Credit Union offers a business card with a competitive rate. Enjoy the buying power of Visa® and improve your business' cash flow.

- Prime +5%*
- No Annual Fee
- 25-Day Grace Period
- Credit Limit up to $50,000
- Free online access to account
- Business may determine separate limits for card users

Required Documents

In addition to this application, you will need to submit the following:

- Personal Guaranty of principals
- Personal Financial Statement(s) from Guarantors
- Business and Guarantor(s) Tax Return
- Business Profit & Loss Statement
- Business Balance Sheet

Business Credit Card Disclosure

Annual Percentage Rate (APR)	Variable Rate + 5.0%*
Annual Membership Fee	No Fee
Grace Period	25 Days **
Method of Computing Balance	Average Daily Balance Including New Purchases
Late Payment Fee	$17.50
Over Limit Fee	$20.00

**As published in the Wall Street Journal.*

As of 09/30/2009 the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the Member Services Phone Center.

**A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle proceeding the date of which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date.

The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges.

RESIDENTS OF ILLINOIS MAY CONTACT THE COMMISSIONER OF BANKS AND TRUST FOR COMPARATIVE INFORMATION ON INTEREST RATES, CHARGES, FEES AND GRACE PERIODS. STATE OF ILLINOIS - CIP, P.O. BOX 10181, SPRINGFIELD, ILLINOIS 62791; 1-800-634-5452.