Owner #1 - Signature/Title

Owner #3 - Signature/Title

BUSINESS INFORMATION								
Legal Name of Business			Company Name to Appear on Card (max 24 characters/spaces)					
Street Address			Mailing Address					
Type of Business			City, State, 7	IP				
Federal Tax ID Number	ax ID Number Company Credit limit				Annual Sales		Annual Net Profit	
Business Phone Number	Number of Owners		Number of Employees Registere		Registered	in the State of	Years in Bo	ısiness
egal Structure (Please select one) Corpo	pration C Limited Liability Com	npany ( Nonp	orofit O Pa	rtnership	Sole Propi	rietorship Other	r	
ACCOUNT OPENING AUTHO						usiness Visa Account. A		
						t, provides personal gu orm maintenance on th		orized Officer is a
irst, Middle, Last		"	<ul><li>Principa</li></ul>			rity Number		th (MM/DD/YYYY
ome Address			City, State, ZIP				Daytime P	hone
ssue Card			Individual C	redit Limit	Email Addr	ress		
irst, Middle, Last	st, Middle, Last			Principal Owner #2 Social Security N		ırity Number	Date of Bir	th (MM/DD/YYY)
ome Address				City, State, ZIP			Daytime P	hone
ue Card Yes No			Individual C	Individual Credit Limit Email Address				
rst, Middle, Last			O Principal	Principal Owner #3 Social Security I		rity Number	Date of Bir	th (MM/DD/YYY)
me Address			City, State, ZIP			Daytime P	hone	
sue Card Yes No			Individual C	redit Limit	imit Email Address			
st, Middle, Last			\$ Principal	,		ırity Number	Date of Bir	th (MM/DD/YYY)
ome Address			Authorized Officer #4 City, State, ZIP			Daytime P	hone	
ue Card Yes No			Individual Credit Limit Email Addre		ress			
help the government fight the funding of terrorism and r							ccount. For any Princip	al Owner or Authoriz
icer new to the Credit Union a legible copy of an unexpire UTHORIZED USERS	·	•		•	•••	a. a Business Visa Credit	Card with the credi	t limit requested
	below, fo the following	ng cardholders for	business use. (	overnment is	sued photo IC			
ardholder Name #1	Indi \$	Individual Limit for C \$		Daytime Phone		Signature		
ardholder Name #2	Indi \$	Individual Limit for Cardholder \$		Daytime Phone		Signature		
ardholder Name #3	ame #3 Individual Limit for C		ırdholder #3	Daytime Phone		Signature		
older Name #4 Individual Limit for C		rdholder #4	Daytime Phone Signature		Signature			
thorization: The Business Entity, by the undersigned du irs set forth above; (c) authorizes PrimeTrust to check the d Agreement and Disclosure and any other agreements in mitted herewith is complete, true, accurate and verifiabl litional financial information upon request; (h) understat tion below (except for non-profit organizations as define	account(s), credit history and obtain a crec nade applicable to the Company's PrimeTru le; (f) certifies that the PrimeTrust Business nds PrimeTrust will renew and replace the G	dit report from third p ust Business Visa Acco s Visa account will be i	articies on the Co unt; (e) certifies t utilized solely for	mpany; (d) agre nat all of the info commercial or b	es to be bound b ormation provide usiness purposes	by all terms and conditions and above and in the financi as (and not for consumer pu	of the PrimeTrust Busi al statements and othe rposes); (g) agrees to p	ness Visa Credit er documentation provide PrimeTrust
Owner/Officer #1 - Signature/Title			Owner/Officer #2 - Signature/Title				Date	
Jwner/Officer #3 - Signature/Title	r/Officer #3 - Signature/Title Date		Owner/Officer #4 - Signature/Title					Date
Owner/Officer #3 - Signature/Title  Personal Guaranty of Payment: I/We, the undersigned F of any and all obligations of the Company to PrimeTrust und and joint accounts, with the Credit Union now and in the fut ncurred in enforcing the quaranty; and authorize PrimeTrus	Principal Owner(s) of the Company, as indiv er the PrimeTrust Business Visa Credit Card ure. Collateral to secure other loans from F	vidual(s), in considera I Agreement and Discl PrimeTrust to the Com	tion of the forego osure. I/We abso pany will also se	ing, absolutely <u>c</u> utely guaranty p ure the Card Acc	juaranty, withou performance on a ount. I/We agre	all obligations of the Comp e to pay PrimeTrust's reaso	any as well as Principa	payment on dema I Owner(s) individe

Date

Date

Owner #2 - Signature/Title

Owner #4 - Signature/Title

FOR OFFICE USE

O Approved Credit Limit \$

Date

Date

Account Officer

O Denied

Date:

## **Balance Transfers**

Take advantage of the balance transfer form below to transfer balances from higher-rate credit cards to our low-rate Business Visa® card. Simply complete the form and we'll do the rest! Your transferred balances will have the same low rate as your purchases. The best part is we don't charge a fee for balance transfers!

CARD #1					CARD #2				
Name of Card Issuer					Name of Card Issuer				
Account #		Exact Amount to Pay			Account # Exact An		Exact Amount to	Amount to Pay	
Payment Address					Payment Address		•		
					bove. I understand that PrimeTru t be responsible for any charges l				
				rust will not					

CREDIT DISCLOSURES	
Annual Percentage Rate (APR) for Purchases	12.9%
APR for Cash Advances	12.9%
How to Avoid Paying Interest on Purchases	You have at least 25 days after the close of each statement period to pay your balances in full without being charged interest. There is no grace period for cash advances.
Minimum Interest Charge	none
Annual Fee	none
Additional Card Fee	none
Maintenance and Setup Fees	NOTICE: Some setup and maintenance fees may be assessed before you begin using your card and will reduce the amount of credit you initially have available.
Credit Card Tips from CFPB	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau (CFPB) at <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> .
TRANSACTION FEES	
Balance Transfer Fee	none
Cash Advance Fee	none
Foreign Transaction Fee	up to 1% for each transaction in U.S. dollars
PENALTY FEES	
Late Payment Fee	up to \$25 assessed fifteen (15) days after due date
Returned Payment Fee	up to \$25
OTHER FEES	
Draft Copy Fee	\$4
Skip-a-Payment Fee	\$25 (cardholder initiated, one per year)
Statement Copy Fee	\$1 per page
Card Center Phone Payment Fee	\$3
Replacement Card Fee	\$10
Five Business Day Quick-Ship Card	\$5
FedEx Overnight Card	\$25

The minimum monthly payment is 3% of your total new balance but not less than \$25 plus the amount of any unpaid prior payments due. Payment of \$10,000 or greater may not be part of your available credit for three (3) business days. Your payment is due the 7th of every month. How we will calculate your balance: We use a method called "average daily balance (including current transactions)." See your account agreement for more details. Billing Rights: information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement. Information contained in this Credit Disclosure is accurate as of 12/1/2023 and is subject to change thereafter. To obtain more recent information, please call us at 1-800-289-5939.