

Print Title and Name

## **Business Credit Card Application**

CRED	IT UNION					Member	CREDIT UNION Member Number							
Company Profile (A financial statement is required)														
Name of Company														
Company Street Address					City		State	Zip						
Tax ID #					Telephone #		Organized in the S	tate of						
Type of Business					Annual Sales		Date Business Started							
Type of Organization:														
Type of organization.	■Sole Proprietor ■General Partne	- I	mited Liability Compan mited Partnership		ofit Corporation on-Profit	□ Governmen □ Other:	nt Agency							
Name of Principals or Officers Title					Social Security Number									
1														
3														
Financial Institution References														
Principal Bank Relationship														
	'				c:u.		Cross-	Tetra						
Bank Address					City		State	Zip						
Type of Account(s) Account Number(s)  1.														
2														
3														
Account Information														
Please provide names and	home addresses o	f individuals	to be issued credit care	ds.										
Name					Social Security Number		Date of Birth	Credit Line						
Street Address					City		State	Zip						
Driver's License Number					Issued State	Date Issued	<u> </u> :	Expires						
Name					Social Security Nu	ımber	Date of Birth	Credit Line						
Street Address					City		State	Zip						
Driver's License Number						Data Issues								
					Issued State Date Issued			Expires						
Name					Social Security Number		Date of Birth	Credit Line						
Street Address					City		State	Zip						
Driver's License Number					Issued State Date Issued		d	Expires						
Account Terms														
The following information is a general summary of the credit terms available and is accurate as of the printing date of April 1, 2018. The information is subject to change, You may obtain current information by writing to us at: Simplicity Credit Union, 222 E Upham St, Marshfield, WI 54449.														
Interest Rate and Interest Charge	es (Your Interest is fix	xed but is subj	ect to change upon advance	notice to you.)										
Annual Percentage Rate (APR) fo	or Purchases	MasterCard	17.75%											
APR for Cash Advances	MasterCard 17.9%													
APR for Balance Transfers  How to Avoid Paying Interest on		MasterCard 17.9%  Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire												
	t	balance by the due date each month.												
How We Calculate your Balance We use a method called "average daily balance (including new purchases).  Transaction Fees														
Annual Fee														
Cash Advance Fee \$15.00														
Foreign Transaction Fee 1.00% of each transaction is U.S. Dollars														
Penalty Fees														
Late Payment Fee \$25.00 or the amount of the required minimum payment, whichever is less  Returned Payment Fee \$25.00														
Other Fees														
Statement Copy Fee	5	\$5.00 Pay by Phone B				Fee		\$5.00						
Document Copy Fee	\$	\$2.00		PIN Replacem	PIN Replacement Fee		\$5.00							
Rush Fee	5	\$25.00 Card Replacer			ment Fee \$10.00									
Balance Transfers: We may permit y	ou to transfer the balan	ce of an account	that you owe to another credito	or to your account v	vith us. If we Approve a b	alance transfer, fi	nance charges will be calcu	lated and will accrue						
according to the same method as for cash advances.  By signing this application, the Company agrees that if this application is accepted and card(s) issued, the Company will be bound by the terms and conditions within this Agreement. To the extent permitted by law, the Company or sole proprietor, shall be responsible and liable for any unauthorized use of any cards issued to Company pursuant to this application. It is the Company's responsibility to secure all Company credit card(s) from terminated employees. The financial institutions is authorized to verify the statements containined herein, and may make whatever credit inquiries it deems necessary. Company represents and warrants that the credit will be used primarily (50% or more) for other than personal, family, household purchases.														
Signature							Date							
Print Title and Name														
Signature							Date							