

Print Title and Name

Business Credit Card Application

Company Profile (A financial statement is required)									
Name of Company									
Company Street Address					City		State	Zip Code	
Tax ID #					Telephone Number		Organized ir	n the State of	
Type of Business					Annual Sales Date Business Started			ses Startad	
Type of Organization:	□ Sole Proprieto □ Non-Profit □ Other Organiz		·	□ General □ Governm	•		Partnership □ Profit Corporation Liability Company (LLC)		
Name of Principals or Officers			Title		Social Secu	rity Number			
1									
2									
2									
Bank References									
Principal Bank Relationship									
					0''		lor-r-	75.0.4.	
Bank Address					City		State	Zip Code	
Type of Account							Account Nu	mber(s)	
1									
2									
3									
Account Information									
	Iresses of individua	als to be issued c	redit cards.						
Please provide names and home addresses of individuals to be issued credit cards. Name Date of Birth					Social Security Nu	mber		Credit Line	
Street Address					City		State	Zip Code	
								·	
Driver's License Number					State Date Issued		ed	Expires	
Name			Date of Birth		Social Security Number			Credit Line	
Street Address					City		State	Zip Code	
Driver's License Number					State	Date Issue	ed .	Expires	
Name			Date of Birth		Social Security Nu	mber		Credit Line	
Street Address			•		City		State	Zip Code	
Driver's License Number					State	Date Issue	ed	Expires	
Account Terms The following information is a general summary of the credit terms available and is accurate as of the printing date of January 2012. 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 Rates and Interest Cha	niges							40.000	
Annual Percentage Rate (APR) for Purchases		Mastercard						13.90%	
APR for Cash Advances								13.90%	
		Mastercard							
APR for Balance Transfers						13.90%			
• =					billing cycle. We	e do not cha	irge you inte	erest on purchases if you	
Purchases How We Will Calculate your	pay your entire	balance by the	due date eac	h month.					
Balance	We use a method called "average daily balance (including new purchases)".								
Annual Fee	None								
Transaction Fees	None								
Foreign Transaction Fee	Cash Advance Fee None Foreign Transaction Fee 1.00% of each transaction in U.S. Dollars								
Penalty Fees									
Returned Payment Fee Up to \$25.00 (\$25.00 or the amount of the required minimum payment, whichever is less). Other Fees									
Statement Copy Fee \$4.00 Rush Fee				\$25.00 PIN Replacement Fe				\$5.00	
Document Copy Fee	\$2.00	Pay-by Phon	e Fee	\$5.00		lacement F		\$10.00	
By signing this application, the Company agree the Company or sole proprietorship, individual, responsibility to secure all Company credit card necessary. Company represents and warrants Signature	if company is a sole pro (s) from terminated em	oprietor, shall be responding to the property of the property	onsible and liable al institution is autl	for any unautho norized to verify	orized use of any cards in the statements contain	issued to Compa ed herein, and r	any pursuant to t	his application. It is the Company's	
Print Title and Name									
						1_			
Signature						Date			