



Independence BANK

VISA®
BUSINESS CREDIT CARD
APPLICATION



AMOUNT REQUESTED _____

Business Entity Information		
Business Name:		Taxpayer ID #:
Mailing Address:	City & State:	Zip Code:
Physical Address:		
Nature of Business:		Phone Number(s):
Business Year End Date:		
Legal Relationship: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Other		If Other Please list:
Authorization Resolution Dated: <input type="checkbox"/> Submitted with Statement <input type="checkbox"/> On File with Creditor <input type="checkbox"/> To Be Provided		
Income Tax Return Filed Through What Date:	Are any Returns Being Contested or Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Accountant or Accounting Firm:	Have you ever filed Bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names of Persons Authorized to Borrow Money on Behalf of and in the Name of the Applicant:		
Checking Account(s) #: <input type="checkbox"/> With us	Institution(s):	
Savings Account(s) #: <input type="checkbox"/> With us	Institution(s):	
Primary Owner(s) Information		
Owner #1 Name:	Social Security #:	Date of Birth:
Mailing Address:	City & State:	Zip Code:
Physical Address:		
Telephone Number(s):		
Owner #2 Name:	Social Security #:	Date of Birth:
Mailing Address:	City & State:	Zip Code:
Physical Address:		
Telephone Number(s):		
Credit References		
CREDITOR	BALANCE	MONTHLY PAYMENT
1.		
2.		
3.		
Authorized Users		
Cardholder #1 Name:	Social Security #:	Date of Birth:
Cardholder #2 Name:	Social Security #:	Date of Birth:
Cardholder #3 Name:	Social Security #:	Date of Birth:
Cardholder #4 Name:	Social Security #:	Date of Birth:
Cardholder #5 Name:	Social Security #:	Date of Birth:

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases, Cash Advances & Balance Transfers	12.48% APR
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the closing of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore

Fees

Annual Fee	None
Transaction Fees	
- Cash Advance	
- Over The Counter	Either \$1 or 2% of the amount of each cash advance, whichever is greater (maximum \$20)
- Obtained at an ATM	Either \$1 or 2% of the amount of each cash advance, whichever is greater (maximum \$20)
- International Transaction	Up to 1% of the transaction amount in U.S. dollars
Penalty Fees	
- Late Payment	Up to \$35

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)".

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: 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 from 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 bank 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 terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____ **X**
 Owner's Signature Date Owner's Signature Date

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

Visa Account No. _____ MasterCard Account No. _____

Signature **X** _____ **Please send a copy of your last STATEMENT**