

Business MasterCard Application

Loan Request Information

- Card Requested**
- Choice
 - Rewards
 - Cash Rewards
 - World

Amount: _____

Business Information

- Type of Entity**
- Individual/Sole Proprietorship
 - Partnership
 - S-Corporation
 - C-Corporation
 - Limited Liability Company
 - Non-Profit/Community Organization

Date Business Established		
State of Incorporation/Organization		
Business or Sole Proprietor Name		
DBA (if applicable)		
Principal Place of Business Address (not P.O. Box)		
City	State	Zip
Describe Business Product or Service Offered		
Annual Revenue		
Tax I.D. Number		
Business Phone		
Business Email Address		

Account Ownership/ Certificate of Authority/ Authorization for Information

#1 - Full Legal Name of Owner, Partner, Officer, or LLC Member	
Position/Title	
SSN #	Percentage Owned*
Home Address	
Phone Number	Date of Birth
Signature	

#2 - Full Legal Name of Owner, Partner, Officer, or LLC Member	
Position/Title	
SSN #	Percentage Owned*
Home Address	
Phone Number	Date of Birth
Signature	

*If more than two owners, please provide details on full ownership of the company. All owners are jointly and severally responsible for all transactions on the credit card account(s) held either by owners or cardholders.

Cardholder and Credit Limit Information

Please provide the names of the individuals to be issued cards and the corresponding credit limits requested. The total of all individual card limits must be equal to the overall limit requested.

Business Owners

Name of Cardholder #1	
Social Security No.	Date of Birth
Business or Mobile Phone No.	Credit Limit \$

Name of Cardholder #2	
Social Security No.	Date of Birth
Business or Mobile Phone No.	Credit Limit \$

Employees*

Name of Cardholder #1	
Social Security No.	Date of Birth
Business or Mobile Phone No.	Credit Limit \$

Name of Cardholder #2	
Social Security No.	Date of Birth
Business or Mobile Phone No.	Credit Limit \$

Name of Cardholder #3	
Social Security No.	Date of Birth
Business or Mobile Phone No.	Credit Limit \$

Total Credit Limit Requested (for all cards)	\$
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* The cardholder information for employees is used by Citadel for identification purposes only and is not used for credit approval.

I/We, the Business Owner(s)/Applicant(s) (collectively known as "I"), represent to Citadel FCU, ("Citadel," "we," "our," or "us") that I am at least 18 years of age, I am a U.S. citizen or permanent legal resident of the United States, and I am authorized to submit this application on behalf of the business identified in this application (the "Company"). If Citadel issues a credit card(s) to Company, both the Company and I agree to be bound by all terms, provisions and conditions contained in Citadel's credit card agreement ("Agreement") sent to Company with the credit card(s), and as amended from time to time. Both the Company and I are jointly and severally liable for all transactions on the credit card account(s), which means that I am personally liable for all amounts due Citadel on the credit card account(s). I and Company promise to pay Citadel, or any subsequent holder, the amount advanced on the credit card account pursuant to this application and the Agreement (which is incorporated herein by reference), including all principal, interest, fees and other charges outstanding. I also certify that: All information in this application is accurate and complete, and no bankruptcy proceedings involving me or the Company are in process or anticipated. Citadel is not obligated to grant the requested credit, and may offer a lower credit limit or a different rate. Citadel may retain this application, whether or not credit is granted. I authorize Citadel to obtain information from others, including credit reporting agencies, concerning my or the Company's respective credit standings and other relevant information impacting this application and, if credit is granted, from time to time thereafter, until the credit card account is paid in full and closed, including obtaining my personal credit reports and personal or company financial information. In addition to the information requested on this application, Citadel may subsequently request additional information from the Company or me. All appropriate corporate or other similar actions needed to authorize the indebtedness incurred hereunder have been completed. The Company and I further agree that any facsimile or electronic transmission may be treated as an original and shall be admissible into evidence as the original itself in any judicial or administrative proceeding, whether or not the original is still in existence.

All employees to whom cards have been issued, or those otherwise authorized will have access to 100% of the Company's credit limit unless Company establishes specific card limits for specific employees. Company may establish set credit limits for specific employee credit card accounts by contacting Citadel's customer service department.

I certify that I have read and agree with the information contained within this application and the Summary of Account Terms. This application is signed individually and on behalf of the Company.

Signature of Business Owner/Applicant #1	Date
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Signature of Business Owner/Applicant #2	Date
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(800) 666-0191
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