



**McCoy Federal Credit Union**

P.O. Box 593806  
Orlando, FL 32859-3806  
(407) 855-5452  
Toll Free (888) 584-7701

**COMMERCIAL CREDIT CARD APPLICATION**

**Important Information About Procedures for Opening a New Account.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, street address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**A. COMPANY INFORMATION**

LEGAL NAME OF BUSINESS		PHONE NUMBER	
STREET ADDRESS			
MAILING ADDRESS			
PHONE NUMBER	CONTACT NAME	FAX	E-MAIL
TAX ID NO.	YEAR ESTABLISHED	STATE	TYPE OF ENTITY
BUSINESS YEAR END	IF INDIVIDUAL, DATE OF BIRTH	IF INDIVIDUAL, NAME AND PHONE NO. OF EMPLOYER	
NATURE OF BUSINESS			

**B. FINANCIAL INFORMATION**

TAX RETURN FILED THROUGH WHAT DATE:	Are any returns being contested or audited: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DESCRIBE: ACCOUNTANT OR ACCOUNTING FIRM:	
NAME(S) AND TITLE(S) OF PERSONS AUTHORIZED TO BORROW MONEY ON BEHALF OF THE BUSINESS:	
1. _____	2. _____
3. _____	4. _____

<input type="checkbox"/> FINANCIAL STATEMENT ON BORROWER(S) SUBMITTED WITH APPLICATION	DATE
<input type="checkbox"/> FINANCIAL STATEMENT ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE
<input type="checkbox"/> TAX RETURN ON BORROWER SUBMITTED WITH APPLICATION	DATE
<input type="checkbox"/> TAX RETURN ON GUARANTOR(S) SUBMITTED WITH APPLICATION	DATE

**C. GUARANTOR/CO-BORROWER (REQUIRED FOR ANY PERSON WITH AN OWNERSHIP INTEREST IN THE COMPANY)**

CHECK HERE IF ADDITIONAL GUARANTORS/CO-BORROWERS INFORMATION IS ATTACHED ON PAGE 3

NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL
NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL

**D. CARDHOLDER & CREDIT LIMIT INFORMATION**

*Please provide the names of the individuals to be issued cards and the corresponding credit limits requested. If more than 5 cards will be issued, continue below.*

1. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
2. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
3. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
4. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
5. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
<b>TOTAL CREDIT LIMIT REQUESTED (for all cards):</b> <i>(The total of all individual card limits must be equal to, or less than, this amount):</i>		\$

**SIGNATURES**

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this application will be relied on by Creditor in its decision to grant such credit. This application is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary, either directly or through any agency employed by Lender for that purpose, to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this application. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the application for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

**STATEMENT OF BUSINESS PURPOSE:** The undersigned represent, warrant and guaranty that the loan requested via the application and or other documentation submitted contemporaneously herewith is for **commercial use, and: (1) no part of the loan or its proceeds; (2) no property, equipment or other goods acquired with loan proceeds or used in the business of the borrowers or any guarantors or otherwise will be used for any consumer, household or family purpose whatsoever.** By signing below, each Applicant declares that he/she has read and understands this Statement and individually represents, warrants and guarantees as set forth with the expectation that the Credit Union will rely on this Statement.

**JOINT CREDIT: TO BE COMPLETED BY ALL NATURAL PERSONS SIGNING INDIVIDUALLY AS BORROWERS, CO-BORROWERS OR GUARANTORS:**

**Joint Credit --** We intend to apply for joint credit. (initials) \_\_\_\_\_

By signing below, each Applicant declares that he/she has read and understands the Notices Addendum attached as page 4 and, if applicable, has received the Reg B notification regarding denied credit contained therein.

BY: TITLE:	
SIGNATURE	DATE
<b>X</b>	

BY: TITLE:	
SIGNATURE	DATE
<b>X</b>	

INDIVIDUAL NAME:	AS CO-APPLICANT/GUARANTOR
SIGNATURE	DATE
<b>X</b>	

INDIVIDUAL NAME:	AS CO-APPLICANT/GUARANTOR
SIGNATURE	DATE
<b>X</b>	

INDIVIDUAL NAME:	AS CO-APPLICANT/GUARANTOR
SIGNATURE	DATE
<b>X</b>	

INDIVIDUAL NAME:	AS CO-APPLICANT/GUARANTOR
SIGNATURE	DATE
<b>X</b>	

**ADDITIONAL CARDHOLDER & CREDIT LIMIT INFORMATION**

6. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
7. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
8. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
9. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
10. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
11. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
12. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$
13. NAME: FIRST, MI, LAST	SOCIAL SECURITY NO.	CREDIT LIMIT REQUESTED \$



**McCoy Federal Credit Union**

P.O. Box 593806  
Orlando, FL 32859-3806  
(407) 855-5452  
Toll Free (888) 584-7701

**ADDITIONAL GUARANTORS/CO-BORROWERS -  
COMMERCIAL CREDIT CARD APPLICATION**

Check as applicable:  There are no additional Guarantors/Co-Borrowers other than those listed on page 1 of this Application.  
 There are additional Guarantors/Co-Borrowers. See Below:

LEGAL NAME OF BUSINESS	DATE
------------------------	------

In addition to those Guarantors/Co-Borrowers noted on page 1 of this Application, we submit the following additional Guarantor/Co-Borrower information:

**GUARANTOR/CO-BORROWER (REQUIRED FOR LOANS TO ENTITIES AND GROUPS SUCH AS A CORPORATION)**

**AS CO-BORROWER/GUARANTOR:**

NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL

SIGNATURE	DATE
<b>X</b>	

**AS CO-BORROWER/GUARANTOR:**

NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL

SIGNATURE	DATE
<b>X</b>	

**AS CO-BORROWER/GUARANTOR:**

NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL

SIGNATURE	DATE
<b>X</b>	

**AS CO-BORROWER/GUARANTOR:**

NAME	TAX ID NUMBER	DATE OF BIRTH	
STREET ADDRESS			
MAILING ADDRESS (IF DIFFERENT)			
HOME NUMBER	WORK NUMBER	FAX NUMBER	E-MAIL

SIGNATURE	DATE
<b>X</b>	

EQUAL CREDIT OPPORTUNITY ACT NOTICES

If your gross annual revenues in the previous fiscal year were \$1,000,000.00 or less, and your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact:

McCoy Federal Credit Union  
P.O. Box 593806  
Orlando, FL 32859-3806

within 60 days from the date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

**NOTICE:** The **Federal Equal Credit Opportunity Act** prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

**National Credit Union Administration, Office of Consumer Protection**, 1775 Duke Street, Alexandria, VA 22314. Phone - (703) 518-1140; Fax - (703) 518-6672.

STATE NOTICES

**OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**WISCONSIN RESIDENTS:** Marital Status:  Married  Unmarried  Legally Separated

If married: the name of my spouse is \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_  Spouse's Address (if different) \_\_\_\_\_

**Notice:** No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

**MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT:** By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X \_\_\_\_\_