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ECCU

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VISA BUSINESS CREDIT CARD APPLICATION

Please complete electronically, or if printed use black ink only.

Membership with ECCU is a requirement for all Visa Business Credit Card applicants.

1 ORGANIZATION INFORMATION

LEGAL NAME OF ORGANIZATION	EMPLOYER IDENTIFICATION NUMBER (TAX I.D.)
PHONE NUMBER	ALTERNATE PHONE NUMBER
ORGANIZATION NAME* TO APPEAR ON EACH CARD (LIMIT OF 19 CHARACTERS, INCLUDING SPACES)	
*Please note: Your organization's DBA may be used as long as it is already on file with ECCU.	

2 CARDHOLDER INFORMATION

The name of the organization and the cardholder's name, exactly as printed below, will appear on the card. Social Security Numbers are required for each cardholder for identification purposes. An annual fee may apply for each card holder. Please refer Visa Business Card Agreement and Disclosure. Please use a separate sheet for additional cardholders.

1.			
FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
		\$	
SOCIAL SECURITY NUMBER		INDIVIDUAL CREDIT LIMIT	
2.			
FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
		\$	
SOCIAL SECURITY NUMBER		INDIVIDUAL CREDIT LIMIT	
3.			
FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
		\$	
SOCIAL SECURITY NUMBER		INDIVIDUAL CREDIT LIMIT	
4.			
FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
		\$	
SOCIAL SECURITY NUMBER		INDIVIDUAL CREDIT LIMIT	
5.			
FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
		\$	
SOCIAL SECURITY NUMBER		INDIVIDUAL CREDIT LIMIT	

3 OTHER DEBT

1.	\$	\$
TYPE (REAL ESTATE, LINE OF CREDIT, CREDIT CARDS, ETC.)	OUTSTANDING BALANCE	MONTHLY PAYMENT
2.	\$	\$
TYPE (REAL ESTATE, LINE OF CREDIT, CREDIT CARDS, ETC.)	OUTSTANDING BALANCE	MONTHLY PAYMENT
3.	\$	\$
TYPE (REAL ESTATE, LINE OF CREDIT, CREDIT CARDS, ETC.)	OUTSTANDING BALANCE	MONTHLY PAYMENT

Please use separate sheet for any additional debt.

4 ORGANIZATION LIMITS REQUESTED

\$	\$
TOTAL INDIVIDUAL CARDHOLDERS' LIMITS REQUESTED	MASTER LIMIT REQUESTED (\$5,000 MINIMUM) Amount must be greater than or equal to the Total Individual Cardholders' Limits.

5 VISA BUSINESS CONTACT INFORMATION

1. _____ ORGANIZATION VISA CONTACT NAME (PLEASE PRINT)	AUTHORIZED TO: <input type="checkbox"/> INQUIRE ONLY <input type="checkbox"/> CHANGE CARD LIMITS AND ADD/CLOSE CARDS
PHONE NUMBER	ALTERNATE PHONE NUMBER
MOTHER'S MAIDEN NAME	SOCIAL SECURITY NUMBER
<div style="display: flex; justify-content: space-between;"> EMAIL ADDRESS X </div> SIGNATURE OF ORGANIZATION CONTACT	

2. _____ ORGANIZATION VISA CONTACT NAME (PLEASE PRINT)	AUTHORIZED TO: <input type="checkbox"/> INQUIRE ONLY <input type="checkbox"/> CHANGE CARD LIMITS AND ADD/CLOSE CARDS
PHONE NUMBER	ALTERNATE PHONE NUMBER
MOTHER'S MAIDEN NAME	SOCIAL SECURITY NUMBER
<div style="display: flex; justify-content: space-between;"> EMAIL ADDRESS X </div> SIGNATURE OF ORGANIZATION CONTACT	

3. _____ ORGANIZATION VISA CONTACT NAME (PLEASE PRINT)	AUTHORIZED TO: <input type="checkbox"/> INQUIRE ONLY <input type="checkbox"/> CHANGE CARD LIMITS AND ADD/CLOSE CARDS
PHONE NUMBER	ALTERNATE PHONE NUMBER
MOTHER'S MAIDEN NAME	SOCIAL SECURITY NUMBER
<div style="display: flex; justify-content: space-between;"> EMAIL ADDRESS X </div> SIGNATURE OF ORGANIZATION CONTACT	

6 CORPORATE RESOLUTION AND SIGNATURES

The undersigned, Secretary or Assistant Secretary of the corporation named in the foregoing application, certifies as follows: a) the corporation is duly organized and operating according to the laws of the State of its principal business address, and b) at a duly held meeting of the governing body of the organization (or held by lawful authorization in lieu of a meeting), the following actions were taken:

RESOLVED, the corporation's membership in Evangelical Christian Credit Union (ECCU) has been duly authorized, and the corporation granted authority to establish accounts with ECCU.

RESOLVED, these resolutions are to continue in effect until ECCU has been advised in writing of any change or revocation which will be effective only for those transactions occurring after ECCU has received such written notice. I certify that the foregoing information is true and correct.

RESOLVED, the individuals whose names and signatures appear in this application are authorized to: a) designate Individual Cardholders named in Section 2 to borrow money from ECCU in the name of the corporation, up to the "Master Limit Requested" in Section 3 (two signatures are required below), b) make additions/deletions to the list of Individual Cardholders and changes to the individual credit limits (one signature is required), c) designate agents as identified in section 4 as organization Visa contacts for inquiry and/or to make additions /deletions to individual cardholders and changes to individual credit limits, and d) conduct all other business with ECCU as reasonably required to maintain this Visa Business account.

The authorized corporate officers, whose signatures appear below, certify that all the information furnished is complete and correct. We further understand that additional information may be required. We hereby apply for a Visa Business account on the basis of the preceding information. You may verify any of this information. We understand that membership must be established to be eligible for any service including a Visa Business account at ECCU. We understand that from time to time you may receive information from others and you will answer questions from others seeking the credit history of our account. The original or a copy of this application will be retained by ECCU, even if the loan or service is not granted. We further understand that the annual fees will be billed on the VISA Business statement for each card, as applicable. We promise to repay to ECCU all sums advanced on the Visa card(s), according to the terms and conditions we will receive when our application is approved. Our use of the card(s) will certify our agreement to those terms. **WE AGREE TO CHANGES IN THE TERMS AND CONDITIONS IF WE CONTINUE TO USE THE ACCOUNT 15 DAYS AFTER YOU GIVE NOTICE OF THE CHANGE(S).**

1. _____ PRINTED NAME OF CORPORATE OFFICER	TITLE
X	
SIGNATURE OF CORPORATE OFFICER	DATE
2. _____ PRINTED NAME OF CORPORATE OFFICER	TITLE
X	
SIGNATURE OF CORPORATE OFFICER	DATE

CERTIFIED TO AND ATTESTED BY:

3. _____ PRINTED NAME OF CORPORATE SECRETARY OR ASSISTANT SECRETARY	
X	
AUTHORIZED SIGNATURE OF CORPORATE SECRETARY OR ASSISTANT SECRETARY	DATE