

business visa platinum application

Xceed Financial Business Visa® Platinum Credit Card



Purpose _____

Business Member Number _____ Amount Requested \$ _____

Increase Current Credit Limit to \$ _____ Purpose _____

list all individual cardholders (authorized users)

Authorized User (1) _____

Address _____

City _____ State _____ ZIP _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Date of Birth _____ Driver's License _____ State _____ Exp. _____

SSN _____ Mother's Maiden Name _____

Check here if Principal Officer or Partner, _____ % of ownership

Authorized User (2) _____

Address _____

City _____ State _____ ZIP _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Date of Birth _____ Driver's License _____ State _____ Exp. _____

SSN _____ Mother's Maiden Name _____

Check here if Principal Officer or Partner, _____ % of ownership

Authorized User (3) _____

Address _____

City _____ State _____ ZIP _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Date of Birth _____ Driver's License _____ State _____ Exp. _____

SSN _____ Mother's Maiden Name _____

Check here if Principal Officer or Partner, _____ % of ownership

tell us about your business

Business Legal Name _____

Address _____

City _____ State _____ ZIP _____

Mailing Address _____

City _____ State _____ ZIP _____

Business Phone () _____ Business Cell Phone () _____

Business Email _____

Federal Tax ID _____ Date Established _____ # of Employees _____

Type of Organization Sole Proprietorship Corporation Limited Liability Co. Partnership
 Other _____

Industry Type Manufacturer Wholesaler Retail Service
 Other _____

Describe Your Product/Service _____

Gross Annual Sales \$ _____ Annual Net Profit \$ _____

Is Your Business a Franchise? Yes* No, Affiliate/Subsidiary _____

*Please provide a copy of the Franchise Agreement, Franchiser's FTC Disclosure Statement, and Franchiser's Financial Statement.

current business checking and savings accounts

Financial Institution Name (1) _____

Phone () _____ Account Type _____

Account Number _____ Balance _____

Financial Institution Name (2) _____

Phone () _____ Account Type _____

Account Number _____ Balance _____

Financial Institution Name (3) _____

Phone () _____ Account Type _____

Account Number _____ Balance _____

business indebtedness (attach additional sheets if necessary)

List all leases, guaranties, commitments, contingencies, or any other debts not listed on the financial statement (including operating leases) on a separate sheet.

Payable to Whom (1) _____ Original Amount \$ _____ Original Date _____

Current Balance \$ _____ Monthly Payment \$ _____ Interest Rate % _____

Maturity Date _____ Collateral Pledged _____

Payable to Whom (2) _____ Original Amount \$ _____ Original Date _____

Current Balance \$ _____ Monthly Payment \$ _____ Interest Rate % _____

Maturity Date _____ Collateral Pledged _____

Payable to Whom (3) _____ Original Amount \$ _____ Original Date _____

Current Balance \$ _____ Monthly Payment \$ _____ Interest Rate % _____

Maturity Date _____ Collateral Pledged _____

ownership/management information

- Do you understand that your personal credit history will be reviewed as part of this application? Yes* No
- Have you been denied credit by Xceed Financial FCU within the last six months? Yes* No
- Have any owners, managers, guarantors, or officers presently been charged under indictment, on parole, or on probation? Yes* No
- Have any owners, managers, guarantors, or officers ever been charged with or arrested for any criminal offense other than minor motor vehicle violations? Yes* No
- Have any owners, managers, guarantors, or officers ever been convicted of any criminal offense other than minor motor vehicle violations? Yes* No
- Has your business or have any principals of the business been involved in a bankruptcy or insolvency proceeding? Yes* No
- Is your business or are any of the principals of the business currently involved in any pending judgments, claims, or lawsuits? Yes* No

* If you answered yes to any of the questions above, please finish details on a separate sheet.

visa agreement and signatures

By signing below, I/we certify that the information on this application is true and correct. Upon approval of my/our Xceed Financial Business Visa Platinum credit card, I/we agree to the terms and conditions in the Business Visa Credit Card Disclosure for Xceed Financial Business Visa Platinum cards that will be mailed to me/us with my/our approval letter. I/we authorize Xceed Financial Credit Union to check my/our credit and employment history or any other information provided. The undersigned acknowledges that all supporting information included with this application will remain the property of Xceed Financial Credit Union. The undersigned further agrees to notify Xceed Financial Credit Union of any material changes in the information provided.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Guarantor

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Please provide the following supporting information with this application:

- For requests \$25,000 and less: Business Income Tax Return for last year, if organized as a Corporation or Partnership (complete returns/all schedules) and Personal Tax Return for last year for each Borrower/Guarantor of the company (all schedules and W-2s).
- For requests \$25,001 to \$50,000: Business Income Tax Returns for last two years, if organized as a Corporation or Partnership (complete returns/all schedules) and Personal Income Tax Returns for last two years for each Borrower/Guarantor of the company (all schedules and W-2s).
- Year-to-date Company Balance Sheet and Income Statement, if last year-end is greater than six months from application date.
- Personal Income Tax Return for the last year for EACH Borrower/Guarantor of the company (all schedules and W-2s).
- Articles of Incorporation, Bylaws, and/or Operating Agreements for all companies, regardless of amount requested.

ALL PRINCIPAL OWNERS WILL BE REQUIRED TO GUARANTEE DEBT.

Credit Union Use Only

Approval Date _____ Signed _____

Last Name _____ First Name _____ Middle Initial _____

Account # _____

ChexSystems: State of Issuance _____ Record Y N Comments _____

OFAC Verification: Date _____ Match Y N Comments _____

Identification Verified per USA Patriot Act:

Type of Identification _____ Issuing Entity _____

Number _____ Issue Date _____ Expiration Date _____

Completed applications may be returned to your local
Xceed Financial Center or may be mailed to:

Xceed Financial Credit Union
Attn: Business Services
888 North Nash Street
El Segundo, CA 90245



at work for **you**SM

800.XFCU.222 • xfcu.org