



Your Delaware County Credit Union

501 Industrial Highway, Ridley Park, PA 19078
Phone: (610) 595-2929 • Toll Free: (888) 595-2920
Fax: (610) 595-2933 • Website: bhcu.org

Business Credit Card Application

Credit Applied For

Date	Limit Requested (\$50,000.00 max per legal entity or sole proprietorship) \$	Number of Credit Cards Requested
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In this Agreement, the reference to "We," "Us," "Our" and "Credit Union" mean BHCUCU CREDIT UNION. The words "You" and "Your" mean each person and/or entity accepting this Agreement. If this is a joint Account, read singular pronouns in the plural. The words "Card" and "Credit Card" mean any VISA Business Credit Card issued to You by Us and any duplicates or renewals We may issue.

Applicant/Business Information

For all entities except Sole Proprietor, use business name as it appears exactly on business formation documents. If Sole Proprietor, use natural persons legal name.

Business Legal Name (see above)	Primary Contact
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For all entities except Sole Proprietor, use business name as it appears exactly on business formation documents or if there is a fictitious name registered with the state, use fictitious name exactly how it appears on the form filed with the state. For Sole Proprietors, If there is a fictitious name registered with the state, use the fictitious name exactly as it appears on the form filed with the state. If there is not a fictitious name registered with the state, use natural person's legal name.

Business Name to Appear on Card(s) (see above)

Physical Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)

Mailing Address - If Different From Above Physical Address (Street Number & Name or P.O. Box Number, Unit Number if applicable, City, State and Zip Code)

Phone Number	Fax Number	Cell Phone Number	Email Address
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Type of Business Entity

☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Non-Profit ☐ S Corporation ☐ C Corporation ☐ Other _____

Segment of Industry

☐ Healthcare ☐ Restaurant ☐ Construction ☐ Retail ☐ Manufacturing ☐ Professional Services ☐ Wholesale Trade ☐ Non-Profit ☐ Other _____

Taxpayer Identification Number	NAICS CODE (found on Federal Tax forms or find appropriate code at: www.census.gov/NAICS)	Years in Business
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Gross Annual Sales \$	Anticipated Annual Spend \$
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☐ Owner; ☐ Officer; ☐ Guarantor

Name	Title	Ownership Percentage %	
Home Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)		Credit Limit	
Home Telephone Number	Cell Number	Social Security Number	Birth Date

☐ Owner; ☐ Officer; ☐ Guarantor

Name	Title	Ownership Percentage %	
Home Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)		Credit Limit	
Home Telephone Number	Cell Number	Social Security Number	Birth Date

☐ Owner; ☐ Officer; ☐ Guarantor

Name	Title	Ownership Percentage %	
Home Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)		Credit Limit	
Home Telephone Number	Cell Number	Social Security Number	Birth Date

☐ Owner; ☐ Officer; ☐ Guarantor

Name	Title	Ownership Percentage %	
Home Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)		Credit Limit	
Home Telephone Number	Cell Number	Social Security Number	Birth Date

Business Questionnaire

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do You engage in any services related to the marijuana industry?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do You engage in any services related to currency dealing, check cashing, or money transmission?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do You engage in any services related to Internet gaming or internet gambling?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do You own or operate a private ATM?

Authorized User/Additional Cardholder 1

If You would like to name authorized users and/or additional cardholders, complete the following: (Note: Authorized users/additional cardholders listed below will be issued a credit card and have access to Your account).		
Name of Additional Cardholder 1	Credit Limit	Driver's License Number
\$		
Home Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)		
Mailing Address - If Different From Above Home Address (Street Number & Name or P.O. Box Number, Unit Number if applicable, City, State and Zip Code)		
Signature	Social Security Number	Birth Date

Authorized User/Additional Cardholder 2

If You would like to name authorized users and/or additional cardholders, complete the following: (Note: Authorized users/additional cardholders listed below will be issued a credit card and have access to Your account).		
Name of Additional Cardholder 2	Credit Limit	Driver's License Number
\$		
Home Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)		
Mailing Address - If Different From Above Home Address (Street Number & Name or P.O. Box Number, Unit Number if applicable, City, State and Zip Code)		
Signature	Social Security Number	Birth Date

Authorized User/Additional Cardholder 3

If You would like to name authorized users and/or additional cardholders, complete the following: (Note: Authorized users/additional cardholders listed below will be issued a credit card and have access to Your account).		
Name of Additional Cardholder 3	Credit Limit	Driver's License Number
\$		
Home Address (Street Number & Name, Unit Number if applicable, City, State and Zip Code)		
Mailing Address - If Different From Above Home Address (Street Number & Name or P.O. Box Number, Unit Number if applicable, City, State and Zip Code)		
Signature	Social Security Number	Birth Date

Banking Relationships (Please list only Your business accounts)

BANK	ACCOUNT NUMBER	BUSINESS			CURRENT BALANCE
		CHECKING	SAVINGS	LOAN	
					\$
					\$
					\$
					\$

Business Credit Card Checklist – Indicates Documents Needed by ☒ - Must be Completed by BHCU Loan Officer Only

Submit with Credit Request

Financial Information

- ☐ Most Recent Filed Federal Business Tax Return
- ☐ Most Recent Filed Personal Federal Tax Return for All Guarantors

All Beneficial Owners

- ☐ Non-expired Driver's License, Military Identification Card, United States
Passport or other States Issued Identification Card

Sole Proprietor

- ☐ SSN/EIN notice issued by IRS
- ☐ State filed Fictitious Name Registration
- ☐ Non-expired Driver's License, Military Identification Card, United States
Passport or other States Issued Identification Card

Corporation

- ☐ EIN notice issued by IRS
- ☐ Articles of Incorporation
- ☐ State filed Fictitious Name Registration

Limited Liability Company

- ☐ EIN notice issued by IRS
- ☐ Operating Agreement/Minutes
- ☐ State filed Fictitious Name Registration

General Partnership

- ☐ EIN notice issued by IRS
- ☐ Partnership Borrowing Authorization
- ☐ State filed Fictitious Name Registration

Limited Partnership

- ☐ EIN notice issued by IRS
- ☐ Partnership Borrowing Authorization
- ☐ State filed Fictitious Name Registration
- ☐ Articles of Incorporation

Organization/Association

- ☐ EIN notice issued by IRS
- ☐ Partnership Borrowing Authorization
- ☐ State filed Fictitious Name Registration
- ☐ Articles of Incorporation (non-profits) or purpose statement

Signatures

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. You agree and understand that if approved, You are contractually liable according to the applicable terms of the Commercial Credit Card Account Agreement and Disclosure. You will receive a copy of that agreement and disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a credit card, debit card or ATM card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance and/or Line of Credit balance created through the use of Your debit card or ATM card.**

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

IMPORTANT NOTICE: If Your application for business credit is denied, You have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to BHCU, 501 Industrial Highway, Ridley Park, PA 19078, within 60 days from the date You are notified of Our decision. We will send You a written statement of the reasons for the denial within 30 days of receiving Your request for the statement.

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that 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 credit union is: **Federal Trade Commission, East Central Region, 1111 Superior Avenue, Suite 200, Cleveland, Ohio 44114-2507**