



Application Instructions:

To ensure timely processing, please remember to 1) complete all sections in full, 2) Provide all necessary signatures for each guarantor (Principle owner), 3) If the total amount requested exceeds \$10,000 include the following: three years personal tax returns (for all Principle owners of 20% or more of the business); three years business tax returns. Education First Federal Credit Union may ask for additional information from time to time.

Credit Union Account #	Name of Business			Type of Company:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
					<input type="checkbox"/> LLC	<input type="checkbox"/> Other	
Address	City	State	Zip	Email Address			
Taxpayer ID#	Nature of Business	Business Year-End Date			Amount Requested (Up to \$50,000)		
Salary, Bonuses, and Commissions	Total Income from Last Fiscal Year	Prior Year Gross Annual Business Sales			Years in Business		

Business Obligation (Attach separate document if additional information is required)

Name	Payment Account	Outstanding Balance	Name	Payment Account	Outstanding Balance
Name	Payment Account	Outstanding Balance	Name	Payment Account	Outstanding Balance
Name	Payment Account	Outstanding Balance	Name	Payment Account	Outstanding Balance

Principal Owner Information (All owners of 20% or more and all partners are required to complete this section and guarantee this credit.)

Name	Date of Birth	% of Ownership	Social Security #	Home Phone #	Work Phone #	Gross Annual Income	Other Income
Address			City	State	Zip	Email Address	
How long at present address?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Board		Landlord/Mortgage Holder Name		Mortgage/Rent Amount \$		
Name	Date of Birth	% of Ownership	Social Security #	Home Phone #	Work Phone #	Gross Annual Income	Other Income
Address			City	State	Zip	Email Address	
How long at present address?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Board		Landlord/Mortgage Holder Name		Mortgage/Rent Amount \$		

Provide any additional owners on company letterhead signed by the Principal Owner.

The information listed on the application and the information on the accompanying financial statements and schedules is provided for the purpose of obtaining credit for the applicant(s) or the purpose of applicant(s) guaranteeing credit for others. Applicant(s) knowledge that representations made in the statement will be relied on by the Credit Union in its decision to grant such credit. This statement is true and correct in every detail and accurately represents the financial condition of the applicant(s) on the date given below. The Credit Union is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the credit worthiness of the applicant(s). Applicant(s) will promptly notify the Credit Union of any subsequent changes which would affect the accuracy of this statement. The Credit Union is further authorized to answer any questions about the Credit Union's experience with applicant(s). Applicant(s) are aware that any knowing and willful false statements regarding the value of the above property for the purpose of influencing the actions of the Credit Union can be a violation of federal law 18 USC sec. 1014 and may result in a fine, or imprisonment or both and that the undersigned declares that he/she has read and understands the statements above.

Signature: Principal Owner for Application and Individually as Guarantor	Date
Signature: Principal Owner for Application and Individually as Guarantor	Date
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_____ (business name) requests that Education First Federal Credit Union (hereinafter "Credit Union") issue a commercial credit card to be used in our business and agrees to the terms contained in this agreement and the terms that may from time to time be published for the Credit Union that is issued in accordance with the Credit Union policies as may exist from time to time (including but not limited to the Business VISA® Cardholder Agreement and Disclosures) such policies and procedures and amendment thereto are made a part of this agreement. The credit for which this application is being made is solely for business or commercial purposes.

Authority to Sign
Business represents that the above named business entity is authorized to do business in the state of Texas and has in a properly noticed meeting approved this application to be signed by the undersigned on behalf of the above named business entity.

Guarantee
Each individual affixing his/her signature agrees that he/she is deemed an applicant for all purposes and is personally responsible for the repayment of any and all obligations of the applicant/business and agrees to make prompt payment to the Credit Union according to the terms of the Credit Union issued pursuant to this application.

Collateral Offset
Business grants the Credit Union a security interest in all Credit Union shares and deposits, whether business or personal, existing now or in the future. Business acknowledges that this security interest is a condition for the credit card account and the undersigned intent to grant such a security interest. Refer to the business credit card agreement and disclosures, security interest. Business acknowledges receipt of the policies and procedures and cardholder agreement in effect at the time of this application.

Preferences. Cardholder Information (Please list all the employees who will receive a card.)

Business Name as it appears on card				
Individual's Name to appear on card				
<input type="checkbox"/> Owner <input type="checkbox"/> Employee		Social Security #	Date of Birth	Mother's Maiden Name
Individual's Name to appear on card				
<input type="checkbox"/> Owner <input type="checkbox"/> Employee		Social Security #	Date of Birth	Mother's Maiden Name
Individual's Name to appear on card				
<input type="checkbox"/> Owner <input type="checkbox"/> Employee		Social Security #	Date of Birth	Mother's Maiden Name
Individual's Name to appear on card				
<input type="checkbox"/> Owner <input type="checkbox"/> Employee		Social Security #	Date of Birth	Mother's Maiden Name

Provide any additional names on company letterhead signed by a principal owner and include with this application. 2) The social security number, DOB and mother's maiden name are used as proof of identity when each individual's card is activated through member service. The principal owner's social security number is also used to obtain personal credit information.

Principal Owner's Signature

Signature: Principal Owner for Application and Individually as Guarantor
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