

Company Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Tax ID# \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Number: ( ) \_\_\_\_\_  
 Cell Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Month/Year Business Established: \_\_\_\_\_  
 Business Gross Annual Sales: \$ \_\_\_\_\_  
 Nature of Business (Goods or Services Provided):  
 \_\_\_\_\_  
 Legal Structure – check one: ( ) Sole Proprietor ( ) Corporation  
 ( ) Partnership ( ) LLC ( ) Other: \_\_\_\_\_  
**Total Limit Requested \$** \_\_\_\_\_

**Business References**

Name/Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name/Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name/Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact Information**

This person will be authorized to obtain account information, as well as make changes to the account. Changes include, but are not limited to, address changes and addition/deletion of cardholders. It is the responsibility of an authorized party to inform Creditor of any changes to the contact person. Limit increase(s) must be requested by all authorized parties in writing and may require additional documentation, such as updated financial statements.

Contact Name: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact Signature (to verify future correspondence):  
 \_\_\_\_\_

**Owner(s), General Partner(s), Managing Member(s) or Officer(s) Information**

All owners of 10% or more, all partners and all members must complete this section and must guaranty this credit. Creditor may request financials and operating agreements.

**Authorized Party #1**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 ID Type: ( ) Driver's License ( ) Other – specify: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 ID Issuer: \_\_\_\_\_ ID Number: \_\_\_\_\_ Title: \_\_\_\_\_  
 ID Issue Date: \_\_\_\_\_ ID Expiration: \_\_\_\_\_  
 Gross Annual Income: \$ \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 Ownership percentage of this borrower: \_\_\_\_\_%  
 Credit Limit \$ \_\_\_\_\_ Cash Advance:  Yes  No

**Authorized Party #2**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 ID Type: ( ) Driver's License ( ) Other – specify: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 ID Issuer: \_\_\_\_\_ ID Number: \_\_\_\_\_ Title: \_\_\_\_\_  
 ID Issue Date: \_\_\_\_\_ ID Expiration: \_\_\_\_\_  
 Gross Annual Income: \$ \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 Ownership percentage of this borrower: \_\_\_\_\_%  
 Credit Limit \$ \_\_\_\_\_ Cash Advance:  Yes  No

**Authorized Party #3**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 ID Type: ( ) Driver's License ( ) Other – specify: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 ID Issuer: \_\_\_\_\_ ID Number: \_\_\_\_\_ Title: \_\_\_\_\_  
 ID Issue Date: \_\_\_\_\_ ID Expiration: \_\_\_\_\_  
 Gross Annual Income: \$ \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 Ownership percentage of this borrower: \_\_\_\_\_%  
 Credit Limit \$ \_\_\_\_\_ Cash Advance:  Yes  No

**Cards to Issue**

Cardholders that are not an Authorized Party shown above, bear no financial responsibility for repayment to the Creditor.

**Card #1** Cardholder's Name as it will appear on the card:

**Card #2** Cardholder's Name as it will appear on the card:

Credit Limit \$: \_\_\_\_\_ Cash Limit \$: \_\_\_\_\_

Credit Limit \$: \_\_\_\_\_ Cash Limit \$: \_\_\_\_\_

**Terms & Conditions**

**Authorization:** When you sign and return this application form to New Mexico Educators Federal Credit Union (“NMEFCU,” “we” or “us”), you agree to the following:

1. You authorize us to obtain business and consumer credit bureau reports in connection with your request for a Business Credit Card (“Card”). We will review your credit history to determine if you qualify for a Card account. If a Card account is approved, you authorize us to periodically obtain credit bureau reports in connection with increases and extensions of credit or the review or collection of your Card account. If you ask for such information in writing, we will tell you the name and address of each credit bureau from which we obtained a report about you.
2. If a Card account is approved, you will receive a Business Card Cardholder Agreement with your Card(s). By using the Card account or any Card, or authorizing their use, you agree to the terms of the Business Card Cardholder Agreement.
3. The terms of your Card Account, including the APRs, are subject to change. Any such changes will be made in accordance with the terms of the Business Card Cardholder Agreement.
4. You also certify that you have the authority to permit us to issue your Card containing the name of your Business.
5. Individual and Business Liability. You understand that by signing this Agreement, you agree to be personally liable for the payment of all amounts due on all Cards and accounts established pursuant to this Agreement now or whenever such additional Cards or accounts may be established. You represent that you are authorized representative of the Business with authority to bind the Business to the terms of this Agreement. You and the Business are jointly and severally liable for all amounts due on all accounts established in the name of the Business. You understand that you will continue to be personally liable for all amounts due on the Cards and accounts until you notify us in writing to close the Cards and accounts and prevent further usage, even if you cease to be an employee or authorized representative of the Business.
6. If your Card account is approved, you and all authorized cardholders will have access to 100% of the approved credit limit.
7. By becoming a Business Visa cardholder, you agree that the Card is being used for business purposes and that the Card is being issued to a public or private company including a sole proprietor or employees or contractors of an organization.
8. Business accounts must maintain a share account, with at least a \$5.00 savings balance.
9. Business Visa services are available only to Business Visa cardholders. We reserve the right to change the benefit features associated with your Card at any time.

**Authorized Signatures and Certification (all Owner(s), General Partner(s), Managing Member(s), or Officer(s) listed must sign)**

Each owner(s) signing below certifies that such person is at least eighteen (18) years of age, and is additionally an owner, shareholder, officer, directors, member, manager, or partner of the Borrower(s) with the authority to bind the Borrower(s) to the terms of the Business Card Cardholder Agreement and/or any promissory notes or other similar documents. Each of such persons certifies that the information provided on this application is true and correct and authorizes NMEFCU and its assigned to obtain business and consumer credit bureau reports about the Borrower(s) and such person in connection with increases and extensions of credit or the review or collection of the Borrower’s credit line. If any of the persons signing below asks for such information in writing, Lender will provide the name and address of each credit bureau from which Lender obtained credit reports.

Each of the persons signing below also authorizes Lender and Lender's subsidiary NMEFCU and its assigned to exchange information about such person and Borrower(s).

A separate disclosure will be provided with respect to Business Visa Cards issued by NMEFCU. Each such person also agrees that, in the event a Business Visa Card is approved, a Card will be issued to each person signing below, as well as to each of the employees listed by borrower.

**Security: To secure the repayment of this account(s), you give us a lien on, and security interest in, your share draft and share deposit accounts in an amount equal to your credit limit. In addition, collateral (except your principal residence and household goods) securing other credit with us will also secure this account.**

**Applicant understands that a condition of this account is that the Credit Union will obtain a security interest in (or lien on) the applicant’s share draft and share deposit accounts, in an amount equal to the credit limit established for this card(s).**

\_\_\_\_\_ Applicant’s Initials \_\_\_\_\_ Co-Applicant’s Initials \_\_\_\_\_ Co-Applicant’s Initials \_\_\_\_\_ Co-Applicant’s Initials

\_\_\_\_\_  
Signature (corresponds to Authorized Party #1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (corresponds to Authorized Party #2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (corresponds to Authorized Party #3)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (corresponds to Authorized Party #4)

\_\_\_\_\_  
Date

Please make a photocopy of this information for your records before submitting your application.