



Visa Business Credit Card Application Instructions

STEP 1	STEP 2	STEP 3
View the Application Terms and Conditions. Terms and Conditions may be found on the last page of this application.	Complete Application. Please accurately complete the information on the following pages.	Submit Application. You may submit your completed application in person with a Member Service Representative at your nearest Financial Resources Federal Credit Union branch or via either of the alternative methods listed below.
SUBMIT BY MAIL: APPLICANT: If you are unable to complete this application with the Member Service Representative, please place the completed application (both pages 3 and 4) in an envelope and mail it to the address below. Financial Resources Federal Credit Union Attention: Member Business Lending Department 3040 Route 22 West, Bldg. 2 Branchburg, NJ 08876		
SUBMIT BY EMAIL: APPLICANT: You may scan and email your completed application to the email address below. MBL@FINRESC.ORG Note: If your email program does not provide secure encryption over SSL, to protect your personal information, we strongly recommend using a free, secure email client such as Sendinc.com when submitting your application via email.		
SUBMIT VIA FAX: APPLICANT: You may fax your completed application to the fax number below. 908.253.6406		

Summary of Visa Account Terms

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchase	APR will be between 13.49% - 18.00% This APR will vary with the market based on Prime Rate. Your interest rate will vary based on your credit history
APR for Balance Transfers	Balance Transfer Not Available for this Card
APR for Cash Advances	13.49% - 18.00% This APR will vary with the market based on Prime Rate. Your interest rate will vary based on your credit history
Penalty APR and When It Applies	18.00% This APR may be applied to your account if your payment is more than 60 days past the Payment Due Date. How Long Will the Penalty APR Apply? The Penalty APR will apply until you make six consecutive on time payments beginning with the payment following the commencement of the penalty APR.
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging you interest on cash advances and balance transfers on the transaction date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.00 .
For Credit Card Tips From the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore/ .
Fees	
Annual Fees	None
Transaction Fees • Cash Advance • Foreign Transaction	Either \$10 or 2% of the amount of each cash advance, whichever is greater. 1% of the U.S. Dollar amount of each such transaction.
Penalty Fees • Late Payment • Over-The-Credit-Limit • Returned Payment	\$40 No Fee \$40

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)".

Billing Rights: Information on your rights to dispute transactions and how to exercise your rights is provided in your Credit Card Agreement.

Late Payment fee of \$40 per occurrence.

Returned Payment fee is \$40

Contact for Updates: The information about the costs of the card described in this application is accurate as of September 19, 2024. This information may have changed after the date. To find out what may have changed, call us at 1-800-933-3280 or write us at 3040 Route 22 West, Bldg. 2, Branchburg, NJ 08876.

Right to Change Terms: We may change APRs, fees and other Account terms in the future based on your experience with Financial Resources Federal Credit Union as provided under the Card Member Agreement and applicable law.

How We Apply Your Payments: We apply your minimum payment to balances with lower APRs first, including promotional APRs. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.

Notice to New York Residents: You may contact the New York State

Department of Financial Services by telephone at (800) 342-3736 or visit its website at www.dfs.ny.gov for free information on comparative credit card rates, fees and interest-free periods.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects our interest unless we, prior to the time the credit is granted or an open-end credit plan is entered into, are furnished a copy of the agreement, decree or court order, or have actual knowledge of the adverse provisions. IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.

Notice to California Residents: An applicant, if married, may apply for a separate Account.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.



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AMOUNT REQUESTED

\$

\$5,000 MINIMUM, \$50,000 MAXIMUM

BUSINESS INFORMATION

Business Name			Business Tax ID		
Business Name to Appear on Card(S) (21 CHARACTERS MAXIMUM)					
Business Address (REQUIRED)					
City	State	Zip	Years at this Location (YRS/MOS)		Year Business Started
Business Phone Number	Gross Annual Sales		Type of Organization		
	☐ \$1 million or less ☐ Greater than \$1 million		☐ Sole Proprietorship ☐ Partnership ☐ Nonprofit ☐ Corporation ☐ Other		
Number of Employees	Cash Advance on Business Owner Card?	Industry Type			
	☐ Yes ☐ No	☐ Retail ☐ Construction ☐ Finance/Real Estate ☐ Insurance ☐ Manufacturing ☐ Professional Services ☐ Other			

BUSINESS OWNER/APPLICATION INFORMATION

Business Owner Type (CHECK ONE): ☐ President/Chairman ☐ Owner/Proprietor ☐ Vice President ☐ Treasurer ☐ Partner ☐ Other						If other, please specify	
First Name	MI	Last Name			Suffix		
Date of Birth	Social Security Number	Mother's Maiden Name					
Home Address (REQUIRED - NO P.O. BOXES ALLOWED)						Apt. No.	
City	State	Zip	Time at Address (YRS/MOS)				
Home Phone Number	Cell Phone Number	Email Address					
Mailing Address (IF DIFFERENT THAN ABOVE)		Apt. No.	City	State	Zip		
Annual Income ²	Monthly Housing Payment						
\$	\$	☐ Own ☐ Rent ☐ Other					

Income from alimony, child support, or separate maintenance need not be revealed if the customer does not wish to have it considered as a basis for repaying this obligation.

INDIVIDUAL EMPLOYEE INFORMATION (PHOTOCOPY THE APPLICATION FOR ADDITIONAL EMPLOYEES)

Name of Employee (FIRST, MIDDLE, LAST)			Suffix	Date of Birth	Social Security Number
Home Phone Number	Average Monthly Spend	Cash Access?			
	\$	☐ Yes ☐ No			
Name of Employee (FIRST, MIDDLE, LAST)			Suffix	Date of Birth	Social Security Number
Home Phone Number	Average Monthly Spend	Cash Access?			
	\$	☐ Yes ☐ No			

By signing below, you certify that you read and understand the Important Terms and Application Agreement on Page 4 and you agree to the terms of this application.

**SIGN
HERE**

Signature of Applicant

Name

Date

Signature of Employee

Name

Date

Signature of Employee

Name

Date

¹By providing your email address, you may receive promotions and special offers. ²If 21 or over, please ensure that you capture on this application all readily accessible income earned from sources such as personal income and if applicable, spousal/domestic partner income. Income can include salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends or rental income. If under 21, please only include income earned by the applicant.

SEE SUMMARY OF ACCOUNT TERMS ON PAGE 2 FOR RATES, FEES AND OTHER COST INFORMATION.



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IMPORTANT TERMS AND APPLICATION AGREEMENT

By signing the application, you understand and agree that Financial Resources Federal Credit Union ("we"; "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this Application, you will be individually liable (or, for joint Accounts, individually and jointly liable) for all authorized charges and for all fees referred to in the most recent Card member agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this Application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provided you with the name and address of the consumer reporting agency that furnished the report. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications- including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system- from us at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. By signing the application, you also agree that we may verify your employment, income, address and all other information provided with other creditors, credit reporting agencies, employers, third parties and through records maintained by federal and state agencies (including state motor vehicle departments) and waive any rights of confidentiality you may have in the information under applicable law. You agree that, in order to open and administer the Account that may be established as a result of this Application, we may share certain information about you and your ongoing Account activity. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

SECURITY INTEREST: AS A CONDITION OF CREDIT UNION'S OPENING YOUR ACCOUNT AND YOUR USE OF THIS CARD, YOU HEREBY GRANT TO FRFCU A SECURITY INTEREST IN ALL SHARES, DEPOSITS AND OTHER FUNDS ON DEPOSIT WITH FRFCU IN WHICH YOU HAVE AN OWNERSHIP INTEREST (other than an IRA or other account where this security interest would cause the loss of tax-exempt or tax-deferred status). THE SECURITY INTEREST IS FOR ALL AMOUNTS OWED TO FRFCU UNDER THE TERMS OF THIS AGREEMENT. IF YOU ARE IN DEFAULT UNDER ANY TERM OF THIS AGREEMENT, FRFCU SHALL HAVE A RIGHT TO IMMEDIATELY SEIZE YOUR SHARES, DEPOSIT AND/OR OTHER FUNDS WITHOUT NOTICE OR DEMAND TO YOU AND TO APPLY SUCH FUNDS TO THE AMOUNTS OWED TO FRFCU. Collateral securing other loans you have with FRFCU now or in the future will also secure this loan, except that a dwelling or your household goods (as defined by the Federal Trade Commission) will not be considered as security for this credit card, notwithstanding anything to the contrary in any other agreement

Initial Here

INTERNAL USE ONLY

Originating Branch ID: _____

Officer/Employee ID: _____

Officer/Employee First Name: _____ Last Name: _____

Officer/Employee Phone Number: _____

Employee Receiving Credit First Name: _____ Last Name: _____

Location Code Receiving Credit: _____ Promo Code: _____

MAILING INSTRUCTION:

APPLICANT: If you are unable to complete this application with the Representative, please place the completed application (both pages 3 and 4) in an envelope and mail it to the address below.

Financial Resources Federal Credit Union

Attention: Member Business Lending Department

3040 Route 22 West, Bldg. 2

Branchburg, NJ 08876