NUSENDA CREDIT UNION

BUSINESS VISA® PLATINUM CREDIT CARD

Organization Type:

(☐) Sole Proprietor (☐) Corporation (☐) Partnership (☐) LLC (☐) Other _____

Total Limit Requesting $ _____

Business Information

Company Name: _____

DBA: _____

Tax ID # _____

Street Address: _____

City: _____

State: _____ Zip: _____

Business Number: _____ Fax Number: _____

Cell Number: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Month/Year Business Established: _____

Business Gross Annual Sales: $ _____

Nature of Business (Goods or Services Provided):

_____

Applicant

Name: _____

SS#: _____ DOB: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

ID Type: _____ ID Number: _____

ID: State: _____ ID Issue Date: _____ ID Expiration: _____

Employer: _____ Gross Annual Income: $ _____

Other Income $ _____

Co-Applicant

Name: _____

SS#: _____ DOB: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

ID Type: _____ ID Number: _____

ID: State: _____ ID Issue Date: _____ ID Expiration: _____

Employer: _____

Gross Annual Income: $ _____ Other Income $ _____

Co-Applicant

Name: _____

SS#: _____ DOB: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

ID Type: _____ ID Number: _____

ID: State: _____ ID Issue Date: _____ ID Expiration: _____

Employer: _____

Gross Annual Income: $ _____ Other Income $ _____

Co-Applicant

Name: _____

SS#: _____ DOB: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

ID Type: _____ ID Number: _____

ID: State: _____ ID Issue Date: _____ ID Expiration: _____

Employer: _____

Gross Annual Income: $ _____ Other Income $ _____

Cards to Issue - (Authorized Users)

Cardholders that are not an Applicant or Co-Applicants shown above, bear no financial responsibility for repayment to the Creditor.
Please add Cardholder(s) Name(s) below as they will appear on the card.

Card # 1 Name: _____

SSN: _____ DOB: _____ Phone #: _____

Credit Limit $: _____ Cash Limit $: _____

Card # 2 Name: _____

SSN: _____ DOB: _____ Phone #: _____

Credit Limit $: _____ Cash Limit $: _____

Card # 3 Name: _____

SSN: _____ DOB: _____ Phone #: _____

Credit Limit $: _____ Cash Limit $: _____

Card # 4 Name: _____

SSN: _____ DOB: _____ Phone #: _____

Credit Limit $: _____ Cash Limit $: _____

Card # 5 Name: _____

SSN: _____ DOB: _____ Phone #: _____

Credit Limit $: _____ Cash Limit $: _____

Card # 6 Name: _____

SSN: _____ DOB: _____ Phone #: _____

Credit Limit $: _____ Cash Limit $: _____

NUSENDA CREDIT UNION
PO Box 8530 • Albuquerque, NM 87198
505-889-7755 • 800-347-2838

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

I. GENERAL INSTRUCTIONS

What is this form? To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form? This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

What information do I have to provide? This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

The Credit Union may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S).

Persons opening an account on behalf of a legal entity must provide the following information:

ACCOUNT MAINTENANCE INFORMATION:

A. NAME OF PERSON(S) OPENING ACCOUNT OR MAINTAINING BUSINESS RELATIONSHIP WITH CREDIT UNION

B. NAME OF LEGAL ENTITY FOR WHICH THE ACCOUNT IS BEING OPENED/MAINTAINED:

C. THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL, IF ANY, WHO, DIRECTLY OR INDIRECTLY, THROUGH ANY CONTRACT, ARRANGEMENT, UNDERSTANDING, RELATIONSHIP OR OTHERWISE, OWNS 25 PERCENT OR MORE OF THE EQUITY INTERESTS OF THE LEGAL ENTITY LISTED ABOVE. IF NO INDIVIDUAL MEETS THIS DEFINITION, PLEASE CHECK "BENEFICIAL OWNER NOT APPLICABLE" BELOW AND SKIP THIS SECTION.

☐ **BENEFICIAL OWNER NOT APPLICABLE.**

BENEFICIAL OWNERSHIP INFORMATION:

- For a person with a Taxpayer Identification Number (TIN), provide the TIN and leave Primary ID Type, Description and ST/Ctry/Prov blank.
- For a foreign person without a TIN, provide a Passport Number and Country of Issuance. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

BENEFICIAL OWNER 1:	**PERCENTAGE OF OWNERSHIP:**	INDIVIDUAL NAME:
STREET ADDRESS:		
DATE OF BIRTH FOR NATURAL PERSON OWNER:	TAXPAYER IDENTIFICATION NUMBER (TIN):	PRIMARY ID TYPE (TYPE, DESCRIPTION AND ISSUER):
TIN TYPE:	PRIMARY ID NUMBER:	DATE PRIMARY ID ISSUED: / PRIMARY ID EXPIRATION DATE (IF APPLICABLE):

BENEFICIAL OWNER 2:	**PERCENTAGE OF OWNERSHIP:**	INDIVIDUAL NAME:
STREET ADDRESS:		
DATE OF BIRTH FOR NATURAL PERSON OWNER:	TAXPAYER IDENTIFICATION NUMBER (TIN):	PRIMARY ID TYPE (TYPE, DESCRIPTION AND ISSUER):
TIN TYPE:	PRIMARY ID NUMBER:	DATE PRIMARY ID ISSUED: / PRIMARY ID EXPIRATION DATE (IF APPLICABLE):

COPYRIGHT 2017 by Credit Union Resources & Educational Services, LLC. All rights reserved.
Distributed with permission by Securian Financial Group, Inc.

BENEFICIAL OWNER 3:	PERCENTAGE OF OWNERSHIP:	INDIVIDUAL NAME:

STREET ADDRESS:

DATE OF BIRTH FOR NATURAL PERSON OWNER:	TAXPAYER IDENTIFICATION NUMBER (TIN):	PRIMARY ID TYPE (TYPE, DESCRIPTION AND ISSUER):

TIN TYPE:	PRIMARY ID NUMBER:	DATE PRIMARY ID ISSUED:	PRIMARY ID EXPIRATION DATE (IF APPLICABLE):

BENEFICIAL OWNER 4:	PERCENTAGE OF OWNERSHIP:	INDIVIDUAL NAME:

STREET ADDRESS:

DATE OF BIRTH FOR NATURAL PERSON OWNER:	TAXPAYER IDENTIFICATION NUMBER (TIN):	PRIMARY ID TYPE (TYPE, DESCRIPTION AND ISSUER):

TIN TYPE:	PRIMARY ID NUMBER:	DATE PRIMARY ID ISSUED:	PRIMARY ID EXPIRATION DATE (IF APPLICABLE):

D. **Controlling Person Information:** The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (C) above may also be listed in this section (D)).

P For a person with a Taxpayer Identification Number (TIN), provide the TIN and leave Primary ID Type, Description and ST/Ctry/Prov blank.

P For a foreign person without a TIN, provide a Passport Number and Country of Issuance. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

INDIVIDUAL NAME:

STREET ADDRESS:

DATE OF BIRTH FOR NATURAL PERSON OWNER:	TAXPAYER IDENTIFICATION NUMBER (TIN):	PRIMARY ID TYPE (TYPE, DESCRIPTION AND ISSUER):

TIN TYPE:	PRIMARY ID NUMBER:	DATE PRIMARY ID ISSUED:	PRIMARY ID EXPIRATION DATE (IF APPLICABLE):

CERTIFICATION AND AGREEMENT

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further represent and promise to promptly inform the Credit Union of any changes in the ownership of the Entity and update this Certification. If more than one account is opened on the date of this Certification, then this Certification applies to all accounts/services requested/opened.

SIGNATURE	DATE
X	

COPYRIGHT 2017 by Credit Union Resources & Educational Services, LLC. All rights reserved.
Distributed with permission by Securian Financial Group, Inc.

Terms and Conditions

Authorization: When you sign and return this application form to Nusenda Credit Union ("Nusenda", "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 an 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 on the 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 Nusenda and it's 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 for 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 Nusenda and it's assigned to exchange information about such person and Borrower(s).

A separate disclosure will be provided with respect to Business Visa Cards issued by Nusenda. 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.

I (We), hereby certify, to the best of my (our) knowledge that the information provided above is complete and correct.

Security: To secure the repayment of this account(s), you give us 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 understand 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

Applicant Signature | Co-Applicant Signature

Co-Applicant Signature | Co-Applicant Signature