



MASTERCARD BUSINESS APPLICATION

COMPANY INFORMATION						
Company Legal Name		Phone	Fax		Email Address	
Street Address			City		State	Zip
Billing Address (if different)			City		State	Zip
Federal Tax ID # (required)	Gross Annual Sales/Revenue (required) \$	Description of Business - SIC (required)		Years in Business	Years as Owner	Non-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S. Corp <input type="checkbox"/> C Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Unincorporated Association			Business Name on Card(s) (Maximum 21 Spaces)			
Checking Account Balance \$	Financial Institution Where Account is Held		Savings Account Balance \$	Financial Institution Where Account is Held		
Monthly Billing <input type="checkbox"/> Individual <input type="checkbox"/> Consolidated <small>(Company remits one payment for all cards.)</small>	Individual Authorized to Make Account Changes			Title	Phone	
Company Requested Credit Limit: \$						

CARDHOLDERS (Use Additional Sheets if Needed)				
Cardholder Name	Title	Phone Number	Credit Limit \$	Cash Access <input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name	Title	Phone Number	Credit Limit \$	Cash Access <input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name	Title	Phone Number	Credit Limit \$	Cash Access <input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name	Title	Phone Number	Credit Limit \$	Cash Access <input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name	Title	Phone Number	Credit Limit \$	Cash Access <input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name	Title	Phone Number	Credit Limit \$	Cash Access <input type="checkbox"/> Yes <input type="checkbox"/> No

RESOLUTION / AUTHORIZATION	
<p>FOR CORPORATIONS AND UNINCORPORATED ASSOCIATIONS: I hereby certify that I am _____ the of the Company and that the following is a copy of a resolution adopted by the governing body at a meeting duly called and held at which a quorum was present and acting throughout or by other means authorized by law.</p> <p>RESOLVED, that any one (1) officer of this entity is authorized and directed to sign and submit a Business Credit Card application (Application) to 4Front Credit union (Credit Union) and any other documents required by the Credit union in connection with the application, and to agree to be bound by the applicable agreement (as defined therein), which agreement contains the terms and conditions regarding the issuance of credit cards to employees, officers, directors, and associates of this entity and that any other writings executed in connection with the application or the agreement are hereby ratified, confirmed, and approved.</p> <p>DATED THIS _____ DAY OF _____,</p> <p>SECRETARY/ASSISTANT SECRETARY _____ ATTEST _____</p>	
<p>FOR PARTNERSHIPS AND LIMITED LIABILITY COMPANIES: all partners/members/managers of the Company, a partnership/limited liability company, hereby authorize and direct any one (1) partner/member/manager to sign and submit an application to the Credit union and any other documents required by the Credit union in connection with the application, and to agree to be bound by the applicable agreement (as defined therein), which agreement contains the terms and conditions regarding the issuance of credit cards to partners/members/managers, employees, and associates of this entity and that any other writings executed in connection with the application or the agreement are hereby ratified, confirmed, and approved.</p> <p>DATED THIS _____ DAY OF _____,</p> <p>PARTNER/MEMBER/MANAGER _____ PARTNER/MEMBER/MANAGER _____</p> <p>PARTNER/MEMBER/MANAGER _____ PARTNER/MEMBER/MANAGER _____</p>	

COMPANY AND GUARANTOR SIGNATURES (Sign Both Places Below)		
We/I certify that we/I have read and agree with the terms and conditions on the reverse side.		
Company Authorized Signature X	Title	Date
Company Authorized Signature X	Title	Date
Guarantor – Owner #1 Signature X	Guarantor – Owner #2 Signature X	

CREDIT UNION USE ONLY		
<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COUNTER OFFER (SPECIFY): \$	CREDIT LIMIT:	
Loan Officer Signature	Date	Reason for Rejection/Counter Offer

Terms & Conditions

By signing and submitting this application, I hereby acknowledge and agree to the following:

Everything I have stated in my application is true and correct. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a loan/credit card application made to a credit union insured by the National Credit Union Administration (NCUA).

By using the Account or any Card, or authorizing their use, I agree to the terms of 4Front Credit Union Business Mastercard Credit Card Disclosure and Agreement ("Cardmember Agreement") that I will receive with my Card(s). The terms of my Account, including the APRs, are subject to change. Any such changes will be made in accordance with the Cardmember Agreement. I, as the Authorizing Officer designated herein, and the Company

- a) request that you open an Account in the name of the Company;
- b) request that Card(s) be issued on that Account as indicated on this application and other applications;
- c) understand that you will renew and replace the Card(s) until I cancel; and that the Credit Union may unilaterally cancel with appropriate notice.
- d) agree to be personally liable for all charges to the Card Account made by all Cardholder(s) issued on the Account now or in the future; provided however, in the case of a non-profit organization, the Authorized Officer will not be personally liable;
- e) understand and agree that the account balance created by the charges to the Card Account is secured by shares and deposits in all corporate accounts of the Company, as well as Authorized Officer's individual and joint accounts, with the credit union now and in the future. Property to secure other loans from the credit union in the Company will also secure the Card Account;
- f) agree to be bound by the agreement governing the Account; and
- g) REPRESENT THAT THE CARD(S) WILL BE USED FOR COMMERCIAL OR BUSINESS PURPOSES.

I understand that the Account may not be issued to me if this form is altered, the information is not complete, accurate or verifiable. I understand that I must provide all the information requested in the application and certify that such information is accurate. I understand I must be at least 18 years of age to apply for the Platinum Resource account. I authorize you to verify the information on this application and to receive and exchange information about me including requesting reports from consumer reporting agencies. I authorize you and your affiliates and subsidiaries to contact these sources for information at any time, to use information about me for marketing and administrative purposes, and share such information with each other, unless I direct you not to share with your affiliates and subsidiaries certain credit information (other than transaction or experience information) about me or any additional Cardholder(s) by writing to you at: 4Front Credit Union, Card Services Department, PO Box 795, Traverse City, MI 49685-0795 (Please include Tax ID Number).

Federal law requires 4Front Credit Union to obtain, verify and record information that identifies each person and Business who open an account, in order to help the government fight the funding of terrorism and money laundering activities. To process the application, 4Front Credit Union must have your name, physical address, social security number, date of birth, and other information that will allow us to verify your identity. Also, 4Front Credit Union must obtain the Business' legal name, its street address and its Taxpayer Identification Number. You understand that 4Front Credit Union may ask for additional identifying documents from you and the Business as well.

By using the Card, authorizing its use, or not canceling the Account within thirty (30) days after receipt of the Card, you and the Business agree to the terms of the 4Front Credit Union Business Mastercard Credit Card Agreement, which will be sent with the Card.

*Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation. You are authorized to check my creditors, present and past employer(s), as well as any credit bureaus at any time in order to obtain information pertinent to my requested loan. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a loan application made in a credit union insured by NCUA.

Business Mastercard Disclosure

Annual Percentage Rate (APR) for Purchases, Balance Transfers, & Cash Advances	9.75% This APR will vary with the market based on the Prime Rate.
Annual Fee	None
Transaction Fees - Foreign Transaction Fee	1.00% of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee	Up to \$10.00 , or the amount of the required payment, whichever is less; if you are (15) or more days late in making a payment.
Emergency Card Replacement Fee	\$10.00 plus \$50.00 expedited delivery fee
Card Replacement Fee	\$10.00
How to Avoid Paying Interest on Purchases	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.
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

The information about the costs of the Card described in this application is accurate as of July 1, 2017. This information may have changed after that date. To find out what may have changed, visit www.4frontcu.com.

