



Business Platinum Rewards Visa Credit Card Application

Amount of Credit Requested \$ _____ Please increase my credit limit \$ _____

Business Background

Business Legal Name: _____

Address: _____
Street (no P.O. Box) City State Zip

Mailing Address: (if different) _____

Business Phone: (____) _____ EXT. _____ Fax: (____) _____ email: _____

Federal Tax ID#: _____ Type of Organization: Sole Proprietorship Corporation Limited Liability Partnership Other _____

Suncoast Member # _____ Industry/Business Type: Manufacturer Wholesaler Retail Service Other (describe) _____

Date Established: _____ Number of Employees: _____ Describe Your Product/Service: _____

Gross Annual Sales \$: _____ Annual Net Profit: \$ _____ Is your business a franchise Yes No

Current Checking/Savings Account(s)

Financial Institution Name	Phone #	Account Type	Account #	Balance

Business Indebtedness (attach additional sheets if necessary)

List all leases, guaranties, commitments, contingencies, or any other debts not listed on the financial statement (including operating leases) on a separate sheet of paper.

Do you Rent or Own Business Property? _____ Monthly Payment? \$ _____

To Whom Payable	Original Amount \$	Original Date	Current Balance \$	Monthly Payment \$	Interest Rate %	Maturity Date	Collateral Pledged

Ownership/Management Information

(List all owners of applicant and affiliates/subsidiaries)

For all officers, proprietors, general partners, owners, and all those individuals **guaranteeing** the loan request, please complete the following information:

Name: _____

First Middle Initial Last
 SSN: _____ Birth date: _____ % Ownership: _____ Suncoast Member # _____

Home Address: _____
Street (no P.O. Box) City State Zip Code

Name: _____

First Middle Initial Last
 SSN: _____ Birth date: _____ % Ownership: _____ Suncoast Member # _____

Home Address: _____
Street (no P.O. Box) City State Zip Code

Name: _____

First Middle Initial Last
 SSN: _____ Birth date: _____ % Ownership: _____ Suncoast Member # _____

Home Address: _____
Street (no P.O. Box) City State Zip Code

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|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|
| 1. Have any owners, managers, guarantors, officers presently been charged under indictment, on parole, or on probation? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 2. Have any of the above ever been charged with, or arrested for, any criminal offense other than minor motor vehicle violation? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 3. Have any of the above listed ever been convicted of any criminal offense other than a minor motor vehicle violation? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 4. Has your business, or have any principals of the business, been involved in a bankruptcy or insolvency proceeding? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 5. Is your business or are any of the principals of the business, currently involved in any pending judgments, claims, or lawsuits? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

*If you answered Yes to any of the above, please furnish details on a separate sheet.

List All Authorized Users

Business Name to appear on card (up to 25 characters): _____

Authorized User #1: _____
First Middle Initial Last
 SSN: _____ Credit Limit \$: _____ Check if User owns 20% or more of business

Authorized User #2: _____
First Middle Initial Last
 SSN: _____ Credit Limit \$: _____ Check if User owns 20% or more of business

Authorized User #3: _____
First Middle Initial Last
 SSN: _____ Credit Limit \$: _____ Check if User owns 20% or more of business

Agreement and Authorized Signatures

By signing below, Business and all Authorized Users and Guarantors signing below (the "Undersigned") warrant to Suncoast Schools Federal Credit Union ("Credit Union") that all information in this Application is true and correct. If Credit Union approves issuance of a Platinum Rewards VISA Credit Card pursuant to this Application, Business and the Undersigned agree to the terms and conditions of this Application and the Platinum Rewards Business VISA Credit Card Agreement that will be mailed to Business following approval. Business and the Undersigned authorize Credit Union to check Business' and each Undersigned's credit and employment history or any other information provided. Business and the Undersigned persons acknowledge that all supporting information included with this Application will remain the property of Credit Union. Business and the Undersigned further agree to notify Credit Union of any material changes in the information provided to Credit Union in this Application. The Undersigned Guarantors (and any Authorized User(s) who own(s) 20% of more of the Business) jointly and individually guarantee payment to Credit Union of all amounts owed to Credit Union under the Platinum Rewards Business VISA Credit Card Agreement.

Business: _____

By: X _____
Signature Title Date

Authorized User(s)

X _____
Signature Title Date

X _____
Signature Title Date

X _____
Signature Title Date

Guarantor(s)

X _____
Signature Printed Name Date

X _____
Signature Printed Name Date

X _____
Signature Printed Name Date