



# Mastercard business credit card application

Phone: (509) 326.1954 | Fax: (509) 344.2545 | 9 S. Washington, Suite 700 | Spokane, WA 99201

## General information

Select card type:

- STCU Business Mastercard®
  STCU Business Rewards World Mastercard®
  STCU Business Premier Rewards World Mastercard®

Applicant is a:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> General partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Non-profit		Member number
		<input type="checkbox"/> Limited liability company <input type="checkbox"/> Limited partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Other		
Business name (applicant)				Amount requested
Tax ID Number	State organized	Date established	Code word	
Physical street address (no P.O. boxes)		City	State	Zip code
Mailing address		City	State	Zip code
Email address		Business phone	Website	
Nature of business, product or service		Number of employees	Prior year gross annual business revenue	

## Principal signer information (List all principals with 20% or greater ownership interest. If more than three principals, please attach an additional sheet.)

**Principal #1**

Name: First, Middle Initial, Last		Ownership %	Social Security Number	Birth date
Home address (no P.O. Boxes)		City	State	Zip code
Home phone	Title/Position	Email address	Annual personal gross income	

**Principal #2**

Name: First, Middle Initial, Last		Ownership %	Social Security Number	Birth date
Home address (no P.O. Boxes)		City	State	Zip code
Home phone	Title/Position	Email address	Annual personal gross income	

**Principal #3**

Name: First, Middle Initial, Last		Ownership %	Social Security Number	Birth date
Home address (no P.O. Boxes)		City	State	Zip code
Home phone	Title/Position	Email address	Annual personal gross income	

## Authorized cardholder information

The persons you list below are designated as authorized cardholders. For each card issued you must designate an individual credit limit.

Authorized cardholder's name	Mobile phone #	Credit limit
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**Miscellaneous information**

Is the applicant an endorser, guarantor or co-maker for obligations (including any lease obligation, e.g. vehicle, equipment, business location) not listed on financial statements submitted?  Yes  No

Is the applicant party to any claim or lawsuit?  Yes  No

Have you and/or the applicant ever filed for bankruptcy? Filing date: Chapter:  Yes  No

**Applicant's statements**

**GENERAL STATEMENTS BY APPLICANT AND PRINCIPAL(S) (as applicable):** I/We certify to Spokane Teachers Credit Union (STCU) that the information provided on and with the Mastercard business credit application, including any financial statements, are complete and correct and that I/we am/are authorized to execute this application on behalf of the applicant. I/We authorize Credit Union to verify with other parties and to make any investigation of the applicant's and my/our credit, either directly or through any agency employed for that purpose to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. I/We authorize and direct applicant's creditors to give STCU any information it requests. STCU may also disclose to any other interested parties information as to STCU's experience or transactions with my/our account. I/We also agree to notify STCU of any change in name or address. I/We certify that we are applying for credit for business purposes only and not for personal, familial or household purposes.

I/we have requested a business credit card and account and if approved, by signing below. I/we agree to the terms and conditions of the STCU business credit card agreement.

**By signing below, I declare that I have read and understand the above statements.**

This is an application for business credit submitted on behalf of the entity identified in the *General Information* section of this application. (If the individual owners of the business intend to personally guaranty the loan, include guarantor information in the *Principals and Guarantors* section. Authorizing signer to sign below).

I am applying for business credit in my individual name and:

I am relying on my own income and assets.

I am relying on my own income and assets and the income and/or assets owned jointly by me with another person or by another source identified as follows: (List below or use a separate sheet of paper.)

X  
\_\_\_\_\_  
Principal Signer #1 Date

X  
\_\_\_\_\_  
Principal Signer #2 Date

X  
\_\_\_\_\_  
Principal Signer #3 Date

**Note:** The spouse of an applicant or co-applicant need not sign unless he/she intends to be a co-applicant.

**Additional information**

Financial statements may be requested. Organizational documents required upon approval.

**IMPORTANT NOTICE TO APPLICANTS REGARDING LOAN COMMITMENTS**

The Washington State Legislature enacted RCW 19.36 a new statute regarding the method in which extensions of credit can be committed. The statute calls upon us to give you the following notice.

**ORAL AGREEMENTS OR ORAL COMMITMENTS TO LOAN MONEY, EXTEND CREDIT, OR TO FORBEAR FROM ENFORCING PAYMENT OF A DEBT**

If you are making application for credit from STCU you may be notified in the form or a written commitment letter if your loan request is approved. This commitment will state the terms of conditions under which STCU will provide you credit. You may rely upon a written commitment for credit approval.

**DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASON FOR CREDIT DENIAL – BUSINESS CREDIT**

If your application for business credit is denied, you may have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact STCU, Commercial Lending Manager, 9 S. Washington, Suite 700, Spokane, WA 99201, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request.

**Equal Credit Opportunity Act (ECOA) Notice:** The Federal Equal Credit Opportunity Act and the Washington State Law against Discrimination prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, and marital status. The Federal Equal Credit Opportunity Act further prohibits discrimination on the basis of age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derived from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The Washington State Human Rights Commission, State Capitol, Olympia, Washington, 98504, along with the following Federal Agency, administers compliance with this law: Federal Trade Commission, Seattle Regional Office, 28th Floor Federal Building, 915 Second Ave., Seattle, Washington, 98174.

**REPORTING INFORMATION TO CREDIT BUREAUS:** Lender may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.