



NOTRE DAME FCU BUSINESS REWARDS VISA®

CREDIT CARD APPLICATION

BUSINESS INFORMATION (Please Print)		Notre Dame FCU Member Number	Company Limit Request \$	
Legal Name of Business		Company Name to Appear on Card (max 26 characters/spaces)		
Street Address		City	State	Zip
Mailing Address (if different from street address)		City	State	Zip
Business Phone Number	Employer Identification Number (EIN)	Type of Business	Legal Structure of Business: (Choose one)	
Annual Revenue	Annual Net Profit	Years in Business	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
Registered in the State of	Number of Employees	Should all company charges to roll-up to one monthly payment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AUTHORIZING OFFICER INFORMATION (Please Print)				
Name (First, Middle, Last)	Title	Social Security Number	Date of Birth (mm/dd/yyyy)	Individual Card Limit
Home Address (includes City, State, Zip)		Mobile Phone Number	E-mail Address	

AUTHORIZED USER INFORMATION (Please Print)				
Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)	Individual Card Limit	
Plastic Card Mailing Address (if different than company address)		Home Phone Number	E-mail Address	
Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)	Individual Card Limit	
Plastic Card Mailing Address (if different than company address)		Home Phone Number	E-mail Address	
Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)	Individual Card Limit	
Plastic Card Mailing Address (if different than company address)		Home Phone Number	E-mail Address	
Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)	Individual Card Limit	
Plastic Card Mailing Address (if different than company address)		Home Phone Number	E-mail Address	
Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)	Individual Card Limit	
Plastic Card Mailing Address (if different than company address)		Home Phone Number	E-mail Address	
Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)	Individual Card Limit	
Plastic Card Mailing Address (if different than company address)		Home Phone Number	E-mail Address	

To add additional authorized users, attach additional document on company letterhead.

Calls and Text Message Consent to Contact: By providing your phone number(s) above, you consent to receive autodialed or prerecorded calls and text messages from Notre Dame FCU or any of our third parties or affiliates performing services on our behalf. We may place calls or text messages to notify you (i) in regards to your accounts, (ii) to provide you with transaction alerts, (iii) to collect a debt, or (iv) as otherwise necessary to service your account. You may revoke your consent at any time.

Authorization: The Business Entity, by the undersigned duly Authorized Officer(s): (a) requests a Notre Dame Federal Credit Union (Notre Dame FCU) Business VISA® Platinum Account be opened in the name of the Company; (b) requests the Card(s) be issued on said account to the Authorized Users set forth above; (c) authorizes Notre Dame FCU to check the account(s), credit history, and obtain a credit report from third parties on the Company; (d) agrees to be bound by all terms and conditions of the Notre Dame FCU Business VISA® Platinum Credit Card Agreement and Disclosure and any other agreements made applicable to Company's Business VISA® Platinum Account; (e) all disclosures made by the Applicant are (1) true and correct; (2) to induce Notre Dame FCU to issue the Notre Dame FCU Business VISA® Platinum Card to the Applicant and understands Notre Dame FCU will be relying upon the disclosures in issuing the Card; and (3) under the pains and penalties of perjury; **(f) certifies that the Notre Dame FCU Business VISA® Platinum Account will be utilized solely for commercial or business purposes (and not for consumer purposes);** (g) agrees to provide Notre Dame FCU additional financial information upon request; (h) understands Notre Dame FCU will renew and replace the Card(s) until cancelled by an Authorized Officer. Notre Dame FCU authorizes approved users of the Card to use it for only Business Purposes and not for the purchase of Consumer products for personal, non-business purposes. **This application shall be construed under the laws of the State of Indiana, and the applicable laws of the United States of America. The Principal Owner(s) of the Company must also sign the Personal Guaranty of Payment section below (except for non-profit organizations as defined by IRC.26 USC §501).**

Authorizing Officer Signature _____ Date _____

Personal Guaranty of Payment: I/We, the undersigned Principal Owner(s) of the Company, as individual(s), in consideration of the foregoing, absolutely guaranty, without any restriction, condition or limitation, prompt payment on demand of any and all obligations of the Company to Notre Dame Federal Credit Union (Notre Dame FCU) under the Notre Dame FCU Business VISA® Platinum Credit Card Agreement and Disclosure. I/We absolutely guaranty performance on all obligations of the Company and all changes made on the Account, by all cardholders now and in the future. I/We 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 Principal Owner(s) individual and joint accounts, with the Credit Union now and in the future. Collateral to secure other loans from Notre Dame FCU to the Company will also secure the Card/Account. I/We agree to pay Notre Dame FCU's reasonable attorney fees, costs, and expenses incurred in enforcing the guaranty; and authorize Notre Dame FCU to check my/our accounts, credit and employment history, and obtain credit reports from third parties on me/us, as needed.

Guarantor/Individual #1 Signature _____ Printed Name _____ Title _____ Date _____

Guarantor/Individual #2 Signature _____ Printed Name _____ Title _____ Date _____

For additional guarantors, attach additional application.

INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases **17.50%** This APR will vary with the market based on the Prime Rate.

APR for Balance Transfers **17.50%** This APR will vary with the market based on the Prime Rate and is in effect until balance is paid in full.

How to Avoid Paying Interest
Your due date is at least 25 days after the close of each billing cycle. We will begin charging interest on Purchases, Balance Transfers and Cash Advances on the transaction date. To avoid incurring interest charges, for new purchase transactions, you must pay the new balance which includes purchases, balance transfers and cash advances, as shown on the Account Statement, on or before the payment due date.

Minimum Interest Charge
None

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>.

FEE INFORMATION

Maintenance & Setup Fees
NOTICE: Some of these set-up and maintenance fees may be assessed before you begin using your card and will reduce the amount of credit you initially have available.

- Annual Fee None
- Account Setup Fee None
- Participation Fee None
- Statement Copy Fee \$5.00
- Phone Payment Fee \$5.00
- Additional Card Fee None
- Replacement Card Fee \$5.00

Transaction Fees
• Balance Transfer Fee None
• Foreign Currency Transaction Fee Up to 3% of each transaction, in U.S. dollars

Penalty Fees
• Late Payment Up to \$35.00
• Returned Payment Up to \$32.00
• Over Limit Up to \$32.00

*Variable APRs are based on the 8.50% Prime Rate as of 08/01/2023.

How We Will Calculate Your Balance: We use a method called "average daily balance (including current transactions)." See your account agreement under Finance Charge for more details.

You must be at least 18 years of age or older to apply. If you are under the age of 21 and do not have the capacity to repay, you must have a Co-Borrower who does.

A Credit Card Agreement & Disclosure will arrive with your new card.

Minimum Payment: The minimum monthly payment is 2% of your total new balance or the over limit amount, whichever is greater, but not less than \$20 plus the amount of any unpaid prior payments due. Payments of \$10,000 or greater may not be part of your available credit for three (3) business days. Your payment is due on the 28th of every month.

How We Will Calculate Your Variable Rate: Your variable rates may change when the Prime Rate changes. They are determined by adding 9.0% to the highest U.S. prime rate published in The Wall Street Journal. The rate is effective on the first day of the billing cycle.

Rewards Terms and Conditions: Earn points on all of your purchases! Rewards are earned on purchases only; returns will be deducted from the calculation. If your account is closed, voluntarily or involuntarily, past due or over limit, you will forfeit all rewards.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Certain restrictions apply. The information about the costs of the card described in this application is accurate as of August 01, 2023 and is subject to change thereafter. To obtain more recent information, please call us at 574/239-6611 or 800/522-6611. You may also write us at:

Notre Dame Federal Credit Union
P.O. Box 7878
Notre Dame, IN 46556-7878