



## VISA BUSINESS PLATINUM REWARDS

It PAYS to spend with the Visa® Business Platinum Rewards Card — for every \$3 in purchases, earn one CU Rewards point.

### Other great Platinum benefits include:

- No annual fee
- Simple expense tracking
- Additional cards with separate statements for employees
- Auto rental collision damage waiver
- \$250,000 travel accident insurance
- ZERO liability on unauthorized charges
- VISA SavingsEdge — special discounts on products and services for business owners

### Redeem CU reward points for:\*

- Cash and Travel
- Merchandise, Gift, and Fuel Cards
- OUCU Discounts

## TALK TO OUR BUSINESS TEAM:

📞 740-447-5202

✉️ [business@oucu.org](mailto:business@oucu.org)

🌐 [oucu.org/business](http://oucu.org/business)

**WHERE  
YOU REACH  
GOALS.**

Let an OUCU  
credit card help  
your business.

**OUCU**  
**FINANCIAL**  
Business Services

\*Redemption products and values are subject to change at any time. Rewards points over three years old will expire each December 31.

# OUCU VISA BUSINESS PLATINUM CREDIT CARD APPLICATION

Applications for business lines must be accompanied by a business tax return or financial statement.

## TYPE OF BUSINESS (Check one)

☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Non-Profit ☐ Government ☐ LLC ☐ Other

Name of Business \_\_\_\_\_

Company Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Years as current owner \_\_\_\_\_ No. of employees (including self) \_\_\_\_\_

Nature of Business \_\_\_\_\_

Tax Identification Number \_\_\_\_\_ Credit Union Member Number (of business) \_\_\_\_\_

Total Credit Line Amount Requested \$ \_\_\_\_\_

## AUTHORIZING OFFICER

Your position: ☐ President ☐ Vice President ☐ Treasurer ☐ Owner ☐ Member ☐ Partner

Name of Authorizing officer \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Household Income \_\_\_\_\_

Credit Amount Requested \$ \_\_\_\_\_

## ADDITIONAL CARDS (If more than two additional cards are needed, please attach a separate sheet.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security Number \_\_\_\_\_ Credit Amount Requested \$ \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security Number \_\_\_\_\_ Credit Amount Requested \$ \_\_\_\_\_

Signature \_\_\_\_\_

## BALANCE TRANSFER

Please transfer the amount shown to my new OUCU Visa Business Platinum.

Card/loan issuer \_\_\_\_\_ Account Number \_\_\_\_\_

Payment address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount to Pay \$ \_\_\_\_\_

## SIGNATURE

Personal Guaranty: By signing this application, each owner/partner/member with 20% or more ownership in the above referenced business, as applicable, will be required to guaranty payment of all obligations under this business card agreement. Please read the following carefully before signing. This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/we agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly liable for any and all credit extended. The Ohio laws against discrimination require that all creditors' make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. If you are issued a credit card, you grant and consent to a lien on your deposit with us (except IRA and Keogh accounts) and any dividends due or to become due to you from us to the extent you owe on any unpaid credit card balance.

Signature of Authorizing Officer of Business \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guarantor \_\_\_\_\_

Signature of Guarantor \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

**See next page for completed  
application return instructions.**

