

NEFCU ATIRACredit Business MasterCard Application

Before completing this application, you should be able to answer "yes" to the following questions: Are you an owner or authorizing officer of the company? Do you understand that you will be jointly and severally liable with the company for payment of all balances on any account opened pursuant to this application? Is your credit history clear of bankruptcies or seriously delinquent accounts? To complete this application, please print and mail to ATIRACredit, PO Box 14542, Des Moines, IA 50306.

About the Business

Name of Business

Business Street Address (no P.O. Boxes)

City

State

Zip Code

Tax Identification Number

Company Phone Number

Age of Business

Ending Month of Fiscal Year

No. of Employees

Nature of Business

Legal Entity Type: Corporation Partnership LLC

Sole Proprietor Non-Profit Govt Agency Other

Annual Revenue

Avg. Business Checking Account Balance

Requested Credit Limit (additional documentation requested above \$15,000)

For more details including terms & conditions visit:

http://www.atiracredit.com/business/Business_Terms_and_Conditions.pdf

Name of Business to Appear on Your Card (max 21 characters including spaces)

About You

Authorizing Officer Type (you must be one of the following):

President Owner Vice President Member Treasurer Partner

First Name

MI

Last Name

SSN

Date of Birth (MM/DD/YYYY)

Residential Street Address (no P.O. Box) *Required based on Patriot Act

City

State

Zip Code

Primary Phone Number

Secondary Phone Number

Mother's Maiden Name

Email Address

Gross Annual Income

Note: Alimony, child support, or separate maintenance income need not be revealed if you do not want it considered as a basis for repayment.

Account Set-Up

Please Note:

The account credit limit will be distributed equally among all cards. Rewards earned on all cards under this account will accrue on the card of the authorizing officer. You will receive one monthly statement detailing the activity for all the cards on the account and the minimum payment due on the account.

Please check if you would like more information regarding your options for setting up your account.

Signature

Date



**New England
Federal Credit Union**

Employee Cards

Attach additional pages if needed.

1

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Mother's Maiden Name	
<input type="text"/>	<input type="text"/>	
Phone Number	Date of Birth (MM/DD/YYYY)	
<input type="text"/>		
Title		

2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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SSN	Mother's Maiden Name	
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Phone Number	Date of Birth (MM/DD/YYYY)	
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Title		

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