

Abri Credit Union VISA® Business Platinum Credit Card

ACU Visa® Business Platinum can help ensure that your company has quick, easy access to the credit you need. It provides a flexible way to streamline purchases and help you control expenses.

ACU Visa® Business Platinum allows you to:

- Separate business from personal expenses
- Issue cards to employees for purchases, travel, etc.
- Set the spending limit on each employee's card

Card Features:

- No Annual Fee
- Competitive variable rate
- Credit lines up to \$50,000

Apply Today: Make your business more efficient with an ACU Visa Business Platinum Credit Card.

To apply, complete the application and fax to **(815) 267-7702**, mail it, or drop it off at any branch.

Questions? Call **1-866-I-OWN-ACU (469-6228)** or e-mail: **businessloans@abricu.com**

Total Credit Line Requested: \$ _____ ACU Account Number: _____

PRINCIPAL OF BUSINESS/OWNER INFORMATION

① Principal/Owner Name: _____ Birth Date: _____ SS Number: _____
Home Address (Street): _____ City, State, Zip Code: _____ Home Phone: _____
% of Ownership: _____ Title: _____ Annual Income \$ _____
② Principal/Owner Name: _____ Birth Date: _____ SS Number: _____
Home Address (Street): _____ City, State, Zip Code: _____ Home Phone: _____
% of Ownership: _____ Title: _____ Annual Income \$ _____

Provide additional names on Company Letterhead signed by principal/owner.

COMPANY INFORMATION

Company Name (as it will appear on the card): _____
Legal Name of Company (if different): _____
Physical Street Address (Required): _____ City, State, Zip: _____
Mailing Address (if different from street address): _____ City, State, Zip: _____
In Business Since: _____ Federal Tax Identification Number: _____
Business Phone Number: _____ Business Fax Number: _____
Primary Contact Name: _____
Phone Number: _____ E-mail Address: _____

TYPE OF LEGAL ORGANIZATION (CHECK ONE)

Sole Proprietorship Partnership Corporation Limited Liability Co. Government Agency Not for Profit Agency Other (Describe below)

Note Here: _____

Complete the following only if you reside in a community property state, (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) or if another person will be jointly liable on the account. →

Married Separated Unmarried

SIGNATURE(S) AND AUTHORIZATION

I/we certify that all information is true and complete. I/we authorize ACU to obtain further information concerning my/our credit standing. If this application is approved, I/we understand an Account Agreement will be provided and I/we agree to be bound by the terms and conditions that apply to the Account. In consideration for the Account I/we agree (1) ACU may investigate, obtain and exchange reports and information regarding this application and resulting account(s) with credit reporting agencies and others with legitimate business needs for such reports or information; (2) we and all guarantors will be jointly and severally liable for all charges on the Account made by persons identified as authorized users; (3) ACU may furnish any of its subsidiaries or affiliates information regarding the Account; and (4) we will immediately provide additional financial information on us and any principals, owners or guarantors as is deemed necessary by ACU. **This Account is for business purposes and not for personal, family or household use.**

Signature of Principal/Owner _____ Title _____ Date _____

Signature of Principal/Owner _____ Title _____ Date _____

FOR CREDIT UNION USE ONLY

Approved Credit Line \$ _____

Not Approved Loan Officer Signature: _____ Date: _____

Comments: _____

EMPLOYEES TO RECEIVE CARDS

① Name to Appear on Card: _____ Credit Line Requested \$ _____ ATM/Cash Access? Yes No

② Name to Appear on Card: _____ Credit Line Requested \$ _____ ATM/Cash Access? Yes No

③ Name to Appear on Card: _____ Credit Line Requested \$ _____ ATM/Cash Access? Yes No

④ Name to Appear on Card: _____ Credit Line Requested \$ _____ ATM/Cash Access? Yes No

Total Credit Lines Requested \$ _____ (must equal total business credit line) Credit lines may be changed at the discretion of ABRI Credit Union.

(continued on next page)

OPTIONAL SERVICES

PRE-AUTHORIZED PAYMENTS

I/We authorize ACU to withdraw funds from my/our: ACU Savings ACU Checking, account # _____ to pay my/our ACU VISA Business Credit Card account.

The monthly deduction for payment to my/our ACU Business VISA will be: (Check one) The minimum payment or 2.5% of the balance, whichever is greater The total unpaid balance
 A fixed amount of \$ _____ which will be greater than the minimum payment or 2.5% of the balance

I/we understand that this authorization will remain in effect until ACU receives written notification from me/us to terminate my/our automatic payments and is provided with a reasonable amount of time to act on my/our request.

BALANCE TRANSFER REQUEST

① Card Issuer: _____ Account Number: _____
 Address: _____ Exact Amount to Pay: \$ _____

② Card Issuer: _____ Account Number: _____
 Address: _____ Exact Amount to Pay: \$ _____

③ Card Issuer: _____ Account Number: _____
 Address: _____ Exact Amount to Pay: \$ _____

Upon approval, I/we wish to transfer my/our present balances on the credit card(s) accounts and/or loans listed above to my/our new business credit card account. I/we understand that I/we cannot hold ACU responsible for late payments. This transaction will be processed as a cash advance according to the terms and conditions of the ACU business credit card account agreement.

Abri Credit Union VISA® Business Platinum Credit Card Disclosures & Terms

Annual Percentage Rate (APR) for purchases	8.99%
Other APRs	Cash Advance APR: 8.99% Balance Transfer APR: 8.99%
Variable Rate Information	Your APR may vary. The rate is determined monthly by adding 4.99% to the Prime Rate*
Grace Period for Repayment of the Balances for Purchases	25 days on average
Method of Computing the Balance for Purchases (including current transactions)	Average daily balance method
Annual Fees	None
Minimum Finance Charge	None
Balance Transfer Fee	3%
Transaction Fee for Cash Advances	1.5% of the amount advanced. Maximum of \$50.00
International Fee	1%
Late-payment Fee	\$25
FEES	
Returned Check Fee	\$25 per check
Payment Reversal Fee	\$25 per item
Grace Period for Cash Advances	No grace period
Card Replacement Fee	\$5.00

The information about the cost of the card described in this application is accurate as of **May 5, 2022**.

This information may have changed after the printing date. To find out what may have changed, visit our web site at www.abricu.com, call **(815) 267-7700** or write to us at **1350 West Renwick Road, Romeoville, IL 60446**.

* The U.S. Prime Rate as published in *The Wall Street Journal* as of the last day of each month preceding each billing cycle (the "index").

**Apply today! Simply complete the application and optional services panel and fax to (815) 267-7702.
 Or, bring it to the ACU office near you.**



866-I-OWN-ACU (469-6228)
 (815) 267-7700
 Fax: 815-267-7701
www.abricu.com



Your deposits are insured up to \$250,000 per account. By member choice, this institution is not federally insured.

- ROMEOVILLE MAIN OFFICE:** 1350 West Renwick Road | Romeoville, Illinois 60446
- WOODRIDGE BRANCH:** 2800 75th Street | Woodridge, Illinois 60517
- ANL BRANCH*:** 9700 S. Cass Avenue, Bldg. 233 | Argonne, Illinois 60439
- FERMILAB BRANCH*:** P.O. Box 500, MS #224 | Batavia, Illinois 60510
- JOLIET BRANCH:** 2350 W. McDonough Street | Joliet, IL 60436
- PLAINFIELD BRANCH:** 7148 Caton Farm Road | Plainfield, IL 60586
- FRANKFORT BRANCH:** 20493 s. LaGrange Road | Frankfort, IL 60423