

COMMERCIAL CREDIT CARD APPLICATION, ACCOUNT AGREEMENT & DISCLOSURE AND CONTINUING GUARANTY

Application Information

Date	Limit Requested	Account Number
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Increase

Company/Applicant Information

Legal Name of Company/Applicant Name	Primary Contact (name and telephone number)	Tax ID Number
Address		
City/County		
State/Zip		
Business Telephone	FAX	
Type of Business: _____	Business Entity:	
Time in Business: _____	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LTD Partnership
	<input type="checkbox"/> Partnership	<input type="checkbox"/> S Corporation
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> LL Corporation
		<input type="checkbox"/> Non-Profit Unincorporated
		<input type="checkbox"/> Non-Profit Corporation
		<input type="checkbox"/> LLP

Principals/Owners

Name	% Ownership	Title

Guarantors of Credit

Name	% Ownership	Title

Signatures

You certify that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. You authorize Us to make such inquiries and gather such information as We deem necessary and reasonable concerning any information provided to Us on this Application or on any such required document, including inquiries to the Internal Revenue Service. You further agree to notify Us promptly of any material change in any such information. You authorize Us to accept Your facsimile signatures on this application and, subsequently, on any other documents associated with the credit for which You are applying and You agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

Signature (Applicant)	Company	Individual/Owners	Title	Date
Signature (Applicant)	Company	Individual/Owners	Title	Date
Signature (Applicant)	Company	Individual/Owners	Title	Date
Signature (Applicant)	Company	Individual/Owners	Title	Date

Share Secured VISA Business Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account indicated below and for the amount specified below:

Account Number _____ Amount \$ _____

IMPORTANT NOTICE: If Your application for business credit is denied, You have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Yolo Federal Credit Union, P.O. Box 657, Woodland, CA 95776, within 60 days from the date You are notified of Our decision. We will send You a written statement of reasons for the denial within 30 days of receiving Your request for the statement.

Equal Credit Opportunity Act Notice

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Equal Credit Opportunity Act. The federal agency that administers compliance with this law concerning this credit union is:

National Credit Union Administration, Office of Consumer Protection, 1775 Duke Street, Alexandria, Virginia 22314

Application Taken By: _____