



PO Box 727 • Goshen, IN 46527 • 574.534.2506 • Fax: 574.975.3227

Business MasterCard® Application

- Business Rewards Plus
- Business MasterCard

Member Account : _____

Credit Limit Requested: _____

BUSINESS INFORMATION			
Legal Name of Business		Date Established	Tax ID Number
Business Name to Appear on Card(s) - 26 character limit		Annual Sales	
Business Address		Business Telephone No.	Fiscal Year Ends
City	State	Zip Code	Business E-mail Address
Type of Business		Business Entity (e.g. Sole Proprietorship, Corporation, Partnership, Non-Profit, LLP, LLC)	
		Number of Employees	

CARDHOLDER INFORMATION			
First Cardholder's Name (as it will appear on card)	Desired Credit Limit	Date of Birth	Social Security Number
Second Cardholder's Name (as it will appear on card)	Desired Credit Limit	Date of Birth	Social Security Number
Third Cardholder's Name (as it will appear on card)	Desired Credit Limit	Date of Birth	Social Security Number
Fourth Cardholder's Name (as it will appear on card)	Desired Credit Limit	Date of Birth	Social Security Number
Fifth Cardholder's Name (as it will appear on card)	Desired Credit Limit	Date of Birth	Social Security Number
Sixth Cardholder's Name (as it will appear on card)	Desired Credit Limit	Date of Birth	Social Security Number
<input type="checkbox"/> Please check this box if you require more than six cards. An Interra Credit Union representative will call you.			

AUTHORIZING OFFICER / GUARANTOR INFORMATION				
Name (Last)	(First)	(Middle Initial)	Date of Birth	Social Security No.
Title			Personal Annual Gross Income	
Home Address			How Long	Home Telephone No.
City	State	Zip Code	E-mail Address	

Is your business past due on any obligations? Yes No

Are you personally past due on any obligations? Yes No

SIGNATURES, CONSENTS AND AGREEMENTS: By submitting this application, the undersigned, individually and on behalf of the Business entity indicated herein, (a) Warrant and represent that I/we are the owners of and/or have authority to act for and on behalf and in the name of the Business, (b) Certify that all information supplied in or with the Application is accurate and complete, (c) Authorize Interra to obtain and verify information pertaining to the Business and my/our creditworthiness and to obtain credit reports in connection with this application and for any update, increase, renewal, extension or collection of the credit received. I/we further authorize the disclosure of information regarding my/our account to credit bureaus and other creditors who inquire about my/our credit standing. I/we understand that Interra will rely on both the representations I/we make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested, (d) Request Interra Credit Union "Interra" to open a MasterCard credit card account in the name of the Business and to issue cards as directed herein or in the future, (e) Represent that all cards issued on the account will only be used for commercial or business purposes, (f) Agree to be jointly and severally liable with the Business for any and all credit extended and charges to the account now or in the future, and (g) Expressly consent for Interra to contact me/us regarding my/our account(s) at any telephone number or email address included in this Application or subsequently provided to the Credit Union. By signing below, you further agree to be bound by the Business Card Terms and Conditions and Business Card Loan Agreement.

X _____
 Authorized Officer Signature Title Date

X _____
 Personal Guarantor Signature Date

X _____
 Authorized Officer Signature Title Date

X _____
 Personal Guarantor Signature Date

FOR CREDIT UNION USE ONLY				
DATE APPROVED	/ /	APPROVED BY	AMOUNT APPROVED \$	INITIAL RATE
				CREDIT

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for purchases	14.99% to 20.99% – Business Rewards Plus based on your creditworthiness when you open an account. 11.90% APR – Business MasterCard
APR for balance transfers	1.9% introductory APR for 15 months – Business Rewards Plus . After that, your APR will be 14.99% to 20.99% based on your creditworthiness. 11.90% APR – Business MasterCard
APR for cash advances	14.99% to 20.99% – Business Rewards Plus . Based on your creditworthiness when you open an account. 11.90% APR – Business MasterCard
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction 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

Fees

Annual Fee	None
Application Fee	None
Transaction Fees:	
Cash Advance	Either \$10 or 2% of the amount of the advance, whichever is greater (maximum fee \$500) – Business Rewards Plus 2% of the amount advanced – Business MasterCard
ATM Transactions	Either \$10 or 2% of the amount of the advance, whichever is greater (maximum fee \$500) – Business Rewards Plus 2% of the amount advanced – Business MasterCard
Foreign Transactions	Up to 1% of each transaction in U.S. Dollars
Other Fees:	Other Fees:
Replacement/Additional Cards	Card Center Phone Payment
Check/Draft Copy Statement	Additional Report
Copy	More than 5 cards per account
\$7.00	Rush Card
\$3.00	\$5.00
\$1.00	\$5.00 each
	\$30.00
Penalty Fees:	
Late payment	\$19.00
Returned payment	\$5.00

Rewards	Business Rewards Plus	Business MasterCard
	3% back on purchases (up to \$150 annually) on Gas and Restaurants	1% back on purchases
	One time bonus of 15,000 points (valued at \$150), if you spend \$5,000 or more in the first 90 days after card approval.	
	1% back on non-gas and restaurant purchases	

How we will calculate your balance: We will use a method called "average daily balance" (including new purchases). See your account agreement for more details.

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

The information about the costs of the card described in this application is accurate as of 04/19/2019. This information may have changed after that date. To find out what may have changed call 574.534.2506, visit interracu.com, or write Interra Credit Union, PO Box 727, Goshen, IN 46527.



AMERICAN SHARE INSURANCE

Your savings insured to \$250,000 per account. By members' choice, this institution is not federally insured.

04/19R

