

# Bethpage Business Credit Card

\$ Amount Applied For: \_\_\_\_\_

### Credit Type Requested

- Credit Card:  Low Interest Rate  CU Rewards - Points  CU Rewards - Cash Back  
 Individual credit (complete Applicant section)  Joint Credit (complete Co-Applicant section)  Authorized User

### Before completing the application, you should be able to answer "Yes" to the following statements by checking the boxes:

- Yes, I am an owner or Authorizing Officer of the company.  
 Yes, I understand that I will be jointly and severally liable with the Company for payment of all balances on any account opened pursuant to this application.  
 Yes, my credit history is clear of bankruptcies or seriously delinquent accounts.  
 Yes, I have NOT been denied credit by Bethpage within the last 6 months.

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

Tax Identification Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Years as Current Owner: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

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

Type of Business:  Corporation  Partnership  Sole Proprietor  
 Non-For-Profit  Limited Liability Company  Other

Annual Sales (\$): \_\_\_\_\_

Do you have other accounts with Bethpage?  Yes  No Average Business Checking Account Balance YTD (\$): \_\_\_\_\_

APPLICANT

You must be one of the following:  President  Vice President  Treasurer  Partner  Owner  Member  Partner How Long? \_\_\_\_\_  
Years Months

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Years Months

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Own  Rent  Other: \_\_\_\_\_ Monthly Payment (incl. taxes) \$: \_\_\_\_\_ Gross Annual Household Income (\$): \_\_\_\_\_

Email Address: \_\_\_\_\_

Annual Income (\$): \_\_\_\_\_

\*Income received from alimony, child support or separate maintenance payments need not be listed unless you choose to have it considered.

Are you a U.S. Citizen or permanent legal resident alien?  Yes  No

Reference (One person, not residing with you)

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

You must be one of the following:  President  Vice President  Treasurer  Partner  Owner  Member  Partner **How Long?** \_\_\_\_\_  
Years Months

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Years Months

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Own  Rent  Other: \_\_\_\_\_ Monthly Payment (incl. taxes) \$: \_\_\_\_\_ Gross Annual Household Income (\$): \_\_\_\_\_

Email Address: \_\_\_\_\_

Annual Income (\$): \_\_\_\_\_

\*Income received from alimony, child support or separate maintenance payments need not be listed unless you choose to have it considered.

Are you a U.S. Citizen or permanent legal resident alien? Yes  No

**Reference (One person, not residing with you.)**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If more than two are required, please attach additional sheets.

**Statement of Indebtedness** (List ALL debts. Attach additional page if needed. List all indebtedness of Co-Applicant if he/she will be liable upon this account. If no debts, write none.)

Name of Creditor	Present Balance	Indicate "A" for applicant or "C" for Co-Applicant debt
Monthly Child Support/Alimony Obligations		
More? <input type="checkbox"/> No <input type="checkbox"/> Yes (list on additional sheet)	Total (\$):	

**Yes, please send additional card at no extra cost for:**

First	MI	Last	SSN	Title	Requested User Credit Limit*
1.					
2.					

\*Sum of credit amounts must not exceed requested credit limit.

**Please Sign Below (Co-Applicant must sign if applying jointly)**

I certify that all the information on this application is true and correct to the best of my knowledge and is given for the purpose of obtaining a Bethpage Federal Credit Union Credit Card. I authorize Bethpage to check my credit and employment history and to answer questions or requests from others seeking credit experience about my accounts. Bethpage may obtain a consumer report on me and if the application is approved, Bethpage may at any time in the future obtain additional consumer reports in connection with an update, renewal or extension of my credit. I have the right to ask whether a consumer report was requested and the name and address of the consumer reporting agency which gave Bethpage the consumer report. I will receive a copy of the truth-in-lending and insurance disclosures and agree to be bound by their terms.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Applicant Date Signature of Co-Applicant Date

**Individual and Company Liability:** You understand that by responding to this offer you agree to be personally responsible for payment of all balances incurred on all cards and accounts issued pursuant to this application now or whenever such additional accounts may be established in the future, and that the Company is jointly liable for all balances on all accounts in the Company name. You understand that if you leave the employment of the Company, you will continue to be responsible for the outstanding balances on the accounts. You must notify us immediately to close the accounts and prevent further usage.

If this Application for an Account is approved, a specific credit line will be assigned based upon your credit report and/or the credit report of the Business. If necessary, we may require supporting documentation to confirm any of the above information.