



Card Type (choose one) MasterCard Business Card MasterCard Business Rewards Card
--

Business Mastercard Credit Card Application

To apply, you must be a citizen or permanent resident of the United States

Account #	Desired Credit Amount \$
Proposed Usage:	

Business Information					
Name of business			Legal name of business (if different from first box)		
Business street address (physical street address; no PO Box)			Business billing address (if different from business street address)		
City	State	Zip	City	State	Zip
Federal tax ID number	Years in business		Annual revenue	Annual net profit (after expenses inc. salaries)	
Business phone number	Other business debt (amount)		Business description		
Form of business (select one) Sole proprietorship Nonprofit corporation Partnership For-profit corporation Unincorporated assn./Social Club Limited liability company Other _____ <i>(Please provide a copy of your bylaws or operating agreement if available)</i>			Line of business Professional Retail Manufacturing Construction Service Farming/Agriculture Sales Other _____		

The Authorized Officer(s) is personally liable for all charges on the account by any cardholder.

Authorized Officer(s) Information					
Name of Authorized Officer		Ownership %	# Of years as authorized officer	Date of birth	Social Security number
Relationship to business (i.e., owner, president, etc.)		Annual salary from business applying for card		Additional income (description and monthly amount)*	
Home street address (physical street address; no PO Box)		City		State	Zip
Housing (choose one) Rent Own	Monthly housing payment	Email		Home/Mobile phone number	

Name of Authorized Officer		Ownership %	# Of years as authorized officer	Date of birth	Social Security number
Relationship to business (i.e., owner, president, etc.)		Annual salary from business applying for card		Additional income (description and monthly amount)*	
Home street address (physical street address; no PO Box)		City		State	Zip
Housing (choose one) Rent Own	Monthly housing payment	Email		Home/Mobile phone number	

Authorized Officer(s) Signature

I am an Authorized Officer of the business (and the person whose information is provided above) with the authority to bind the business to the Terms and conditions included with this application. I will provide the evidence of such authorization upon request. I understand that the business and I are individually and jointly liable for paying charges on the account and agree to the Terms and Conditions.

Signed individually and on behalf of the business

Printed Name

Date

Signed individually and on behalf of the business

Printed Name

Date

If there are additional authorized officers to add, space provided at the end of the application

Additional Cards for Employees

Name of first additional cardholder

Last four digits of SSN

Date of birth

Contact phone number

Credit limit

Name of second additional cardholder

Last four digits of SSN

Date of birth

Contact phone number

Credit limit

If additional credit cards are needed, space provided at the end of the application

Terms and Conditions

By signing and submitting this application, I hereby acknowledge and agree to the following:

Everything I have stated in my application is true and correct. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a credit card application made to a community-chartered credit union insured by the National Credit Union Administration (NCUA). By using the account or any card, or authorizing their use, I agree to the terms of the Astera Credit Union Commercial Credit Card Account Agreement and Disclosure that I will receive with my card(s). The terms of my account, including the APRs, are subject to change. Any such changes will be made in accordance with the Cardmember Agreement. I, as the Authorizing Officer designated herein, and the business:

- A. Request that you open an account in the name of the business
- B. Request that card(s) be issued on that account as indicated on this application and other applications
- C. Understand that you will renew and replace the card(s) until I cancel
- D. Agree to be personally liable for all charges to the card account made by all cardholder(s) issued on the account now or in the future (in the case of a nonprofit organization, the Authorized officer will not be personally liable)
- E. Understand and agree that the account balance created by the charges to the card account is secured by shares and deposits in all corporate accounts of the business, as well as Authorized Officer's individual and joint accounts, with the Credit Union now and in the future (property to secure other loans from the Credit Union in the business will also secure the card account)
- F. Agree to be bound by the agreement governing the account
- G. Represent that the card(s) will be used for commercial or business purposes

I understand that the account may not be issued to me if this form is altered, or if the information is not complete, accurate or verifiable. I understand that I must provide all the information requested in the application and certify that such information is accurate. I understand I must be at least 18 years old to apply for the MasterCard Business Card or the MasterCard Business Rewards Card. I authorize you to verify the information on this application and to receive and exchange information at any time, to use information about me for marketing and administrative purposes, and share such information with each other, unless I direct you not to share with your affiliates and subsidiaries certain credit information (other than transaction or experience information) about me or any additional cardholder(s) by writing to you at: **Astera Credit Union, Card Department, 111 S. Waverly Rd, Lansing, MI 48917** (Please include Tax ID number)

Federal law requires Astera Credit Union to obtain, verify, and record information that identifies each person and business opening an account, in order to help the government fight the funding of terrorism and money laundering activities. To process the application, Astera Credit Union must have your name, physical address, Social Security number, date of birth, and other information that will allow us to verify your identity. Also, Astera Credit Union must obtain the business' legal name, its street address, and its Taxpayer Identification Number. You understand that Astera Credit Union may ask for additional identifying documents from you and the business, as well.

By using the card, authorizing its use, or not cancelling the account within 30 days of receipt of the card, you and the business agree to the terms of the Astera Credit Union Commercial Credit Card Account Agreement and Disclosure, which will be provided at the time of approval.

*Alimony, child support, or separate maintenance income need not be revealed if I choose not to have it considered as a basis for repaying this obligation. You are authorized to check my creditors and present and past employer(s), as well as any credit bureaus, at any time to obtain information pertinent to my requested loan. I understand that it is a federal crime to provide incomplete or incorrect information willfully and deliberately on a loan application made to a community-chartered credit union insured by the NCUA.

MASTERCARD BUSINESS REWARDS

Annual Percentage Rate (APR) for purchases <i>(For-Profit Companies)</i>	17.74% – 24.00%
Other Annual Percentage Rates (APRs)	Balance Transfers APR: 17.74% - 24.00% Cash Advance APR: 17.74% - 24.00%
Annual Fee	None
Method of computing the balance for purchases	Average Daily Balance (Including new transactions)
Grace period for repayment of the balance for purchases	25 days
Minimum Finance Charge	None
Transaction fee for purchases & cash advances	International transactions – 3% on all cross border transactions and on transactions that are converted back to U.S. Dollars
Late Payment Fee	5.00% of the scheduled payment due, \$5 minimum to \$50 maximum
Cash Advance Fee	3% of advance; minimum of \$5
Rewards	1 point for every \$1 net dollar(s) in credit card purchases. Points can be redeemed for gift cards, travel, and cash back.

MASTERCARD BUSINESS CARD

Annual Percentage Rate (APR) for purchases <i>(For-Profit Companies)</i>	15.24% – 24.00%
Other Annual Percentage Rates (APRs)	Balance Transfer APR: 15.24% - 24.00% Cash Advance APR: 15.24% - 24.00%
Annual Fee	None
Method of computing the balance for purchases	Average Daily Balance (Including new transactions)

Grace period for repayment of the balance for purchases	25 days
Minimum Finance Charge	None
Transaction fee for purchases & cash advances	International transactions – 3% on all cross-border transactions and on transactions that are converted back to U.S. Dollars
Late Payment Fee	5.00% of the scheduled payment due, \$5 minimum to \$50 maximum
Cash Advance Fee	3% of advance; minimum of \$5
Rewards	Not Applicable

Additional Authorized Officer(s)					
Name of Authorized Officer		Ownership %	# of years as authorized officer	Date of birth	Social Security number
Relationship to business (i.e., owner, president, etc.)		Annual salary from business applying for card		Additional income (description and monthly amount) *	
Home street address (physical street address; no PO Box)		City		State	Zip
Housing (choose one) Rent Own	Monthly housing payment	Email		Home/Mobile phone number	

Name of Authorized Officer		Ownership %	# of years as authorized officer	Date of birth	Social Security number
Relationship to business (i.e., owner, president, etc.)		Annual salary from business applying for card		Additional income (description and monthly amount) *	
Home street address (physical street address; no PO Box)		City		State	Zip
Housing (choose one) Rent Own	Monthly housing payment	Email		Home/Mobile phone number	

Name of Authorized Officer		Ownership %	# of years as authorized officer	Date of birth	Social Security number
Relationship to business (i.e., owner, president, etc.)		Annual salary from business applying for card		Additional income (description and monthly amount)*	
Home street address (physical street address; no PO Box)		City		State	Zip
Housing (choose one) Rent Own	Monthly housing payment	Email		Home/Mobile phone number	

Name of Authorized Officer		Ownership %	# of years as authorized officer	Date of birth	Social Security number
Relationship to business (i.e., owner, president, etc.)		Annual salary from business applying for card		Additional income (description and monthly amount) *	
Home street address (physical street address; no PO Box)		City		State	Zip
Housing (choose one) Rent Own	Monthly housing payment	Email		Home/Mobile phone number	

Authorized Officer(s) Signature		
<p>I am an Authorized Officer of the business (and the person whose information is provided above) with the authority to bind the business to the Terms and conditions included with this application. I will provide the evidence of such authorization upon request. I understand that the business and I are individually and jointly liable for paying charges on the account and agree to the Terms and Conditions.</p>		
_____	_____	_____
Signed individually and on behalf of the business	Printed Name	Date
_____	_____	_____
Signed individually and on behalf of the business	Printed Name	Date
_____	_____	_____
Signed individually and on behalf of the business	Printed Name	Date
_____	_____	_____
Signed individually and on behalf of the business	Printed Name	Date

(cont.) Additional Cards for Employees		
Name of additional cardholder	Last four digits of SSN	Date of birth
Contact phone number	Credit limit	
Name of additional cardholder	Last four digits of SSN	Date of birth
Contact phone number	Credit limit	
Name of additional cardholder	Last four digits of SSN	Date of birth
Contact phone number	Credit limit	
Name of additional cardholder	Last four digits of SSN	Date of birth
Contact phone number	Credit limit	
Name of additional cardholder	Last four digits of SSN	Date of birth
Contact phone number	Credit limit	

