

Interest Rates, Interest Charges & Fees

Annual Percentage Rate (APR) for Purchases, Cash Advances & Balance Transfers

Your APR may vary. The rate is determined by adding **4%** to the Prime Rate.

Minimum Interest Charge

None

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.

Annual Fee

None

Transaction Fees

- Balance Transfer & Cash Advance
- Foreign Purchase transaction

Either **\$5** or **2%** of the amount of each transaction, whichever is greater.

1% of each purchase transaction in U.S. dollars.

1% fee applies to all purchases and cash advances made in foreign countries in U.S. dollars and foreign currencies.

Penalty Fees

- Late Payment
- Returned Checks

Up to **\$25**
Could be **\$25**

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>.

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

Other charges: card replacement \$10; draft copies \$6. To find out about changes in the information in this application, write us at: IH Mississippi Valley Credit Union, Credit Card Services Dept., P.O. Box 1010, Moline, IL 61266-1010. Features and benefits of our Visa® card are subject to change without notice. Membership open to Quad City and surrounding area residents.

Cash Back Card Earn 1% cash back on all purchases (excluding balance transfers and cash advances). There's a minimum payout of \$50 when you make \$5,000 in purchases. There's no maximum. Cash back is earned from December 1 through November 30 of the next year, with payouts in November each year. Cash back could be subject to taxes; please consult your tax advisor.

IHMVCU ACCOUNT NUMBER _____

CREDIT LIMIT REQUESTED \$ _____

If you are applying for joint credit, secured credit or if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI, or Puerto Rico), please complete the following:

Married Separated Unmarried (Includes Single, Divorced & Widowed)

If credit limit is greater or equal to \$10,000, please provide the past two year-end financial statements or tax returns on the business and two years of the personal principal/owner/member/guarantor tax returns.

Credit Union Use Only

Date Received _____ App # _____

In Pending Name Change Credit Limit Increase Add Cardholder

Employee Receiving Application Initials _____ Branch # _____

Credit Limit \$ _____ Approved Denied

Date _____ Loan Officer _____

Business Information

Legal Name of Business _____ Tax ID Number _____

Business Name to Appear on Card (21 characters or less) _____

Street Address (No P.O. Boxes) _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone Number _____ Business Email _____ Month/Year Established _____

Legal Structure Proprietorship S Corporation Partnership LLC Other

Nonprofit? No Yes (Include copy of minutes showing authorization to apply.)

Business Gross Annual Sales \$ _____ Number of Employees _____ If yes regarding change of ownership or lawsuit, explain:

Nature of Business (Good or services provided) _____

NAICS Code _____

Is the business for sale or under agreement that would change the ownership of the business? Yes No

Is the business a party to any claim or lawsuit? Yes No

Principal/Owner/Member/Guarantor Information

All owners of 20% or more, all partners and all members must complete this section and must guaranty this credit. Creditor may request financial and operating agreements.

Authorized Party #1

Name (First, MI, Last) _____

Home Address (No P.O. Boxes) _____ Own or Rent? _____

City _____ State _____ Zip _____

Home Phone Number _____

Social Security #1 _____ Date of Birth _____

Title _____ Percentage of Business Ownership _____ %

Annual Salary \$ _____ Owner Since (year) _____

Net Worth \$ _____ Monthly House/Rent Payment \$ _____

Authorized Party #2

Name (First, MI, Last) _____

Home Address (No P.O. Boxes) _____ Own or Rent? _____

City _____ State _____ Zip _____

Home Phone Number _____

Social Security #2 _____ Date of Birth _____

Title _____ Percentage of Business Ownership _____ %

Annual Salary \$ _____ Owner Since (year) _____

Net Worth \$ _____ Monthly House/Rent Payment \$ _____

Cards to Issue

Cardholders who are not an Authorized Party shown above bear no financial responsibility for repayment to the Creditor.

BY COMPLETING and signing this application, you acknowledge and agree to all the Terms and Conditions set forth in this application and sent to you upon card issuance. You also certify that you have the authority to make this application for the business listed and all information and documents submitted are verifiable and accurate. You understand that IH Mississippi Valley Credit Union may ask for additional identifying documents from you and the business to assist with credit decisions and cooperate with the U.S. Patriot Act. You authorize IH Mississippi Valley Credit Union to obtain your personal credit report and to provide credit information to credit bureaus about you, if applicable.

GUARANTY By signing below, each individual jointly, separately and unconditionally guarantees payment of and agrees to pay IH Mississippi Valley Credit Union for all charges and balances on all accounts established with this application. Under this Guaranty, the liability of the Guarantor(s) is unlimited and the obligations of Guarantor are continuing, including any future credit limit increases. Note: IHMVCU requires at least one authorized party in order to process the credit request.

Applicant/Authorized Party #1, as Principal/Owner/Member and Individually as Personal Guarantor _____ Date _____

Applicant/Authorized Party #2, as Principal/Owner/Member and Individually as Personal Guarantor _____ Date _____

Total must be equal to or less than total limit requested above.

Card #1 (How it will appear on the card)

Cardholder's Name _____ Credit Limit \$ _____

SSN _____

Cardholder's Signature _____

Card #2 (How it will appear on the card)

Cardholder's Name _____ Credit Limit \$ _____

SSN _____

Cardholder's Signature _____

Card #3 (How it will appear on the card)

Cardholder's Name _____ Credit Limit \$ _____

SSN _____

Cardholder's Signature _____

Card #4 (How it will appear on the card)

Cardholder's Name _____ Credit Limit \$ _____

SSN _____

Cardholder's Signature _____

Contact Information

This person will be authorized to obtain account information, as well as make changes to the account. Changes include, but are not limited to, address changes and addition/deletion of cardholders. It is the responsibility of an authorized party to inform Creditor of any changes to the contact person. (Limit increase(s) must be requested by all authorized parties in writing and may require additional documentation, such as updated financial statements.)

Contact Name _____ Title _____

Contact Phone Number _____ Contact Email _____