



P.O. BOX 6048
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Business Credit Card Holder

New Existing/Change

Business Information

Organization Name		Member/Org Number	Tax ID/EIN
Legal Business Name		Business Name to Appear on Card (maximum of 21 characters)	
Business Address		City	State Zip
Business Phone	Company Contact (person)		Company Contact Phone
Fiscal Year (month end)	Payment Type* <input type="checkbox"/> Individual Pay <input type="checkbox"/> Consolidated Pay		Total Limit Requested
Years in Business	Monthly Business Revenue	Monthly Business Expenses	Owner's Salary
Industry (what does the business do?) _____ _____			

Card Holder Information

Card Holder Name 1 (maximum of 21 characters)	Date of Birth	Card Limit**
Card Holder Name 2 (maximum of 21 characters)	Date of Birth	Card Limit**
Card Holder Name 3 (maximum of 21 characters)	Date of Birth	Card Limit**
Card Holder Name 4 (maximum of 21 characters)	Date of Birth	Card Limit**

Auto Pay Account Information

Account Number	Type of Payment <input type="checkbox"/> Total Amt <input type="checkbox"/> Minimum Pmt <input type="checkbox"/> Fixed Monthly Pmt \$ _____
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Business Signer Signature _____ Business Signer Printed Name _____ Date _____

FOR CREDIT UNION USE ONLY		
Velocity App ID #	Person/Organization Number	FDR Account Number

*Individual Pay means each card will get a bill. Consolidated Pay means each card will be consolidated onto one (1) bill. All bills, whether Individual or Consolidated Pay are sent to the business.
 **The card limit can be the total limit for the business to be used on a first used basis, or individual limits for each cardholder that add up to the total limit for the business.

Date _____ Branch _____ Employee _____ Verified By _____