



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

Business Credit Card Holder

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)	Statement Type <input type="checkbox"/> Individual Pay <input type="checkbox"/> Consolidated Pay		Total Limit Requested	

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
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Date _____ Branch _____ Employee _____ Verified By _____