Abri Credit Union VISA® Business Platinum Credit Card

ACU Visa® Business Platinum can help ensure that your company has quick, easy access to the credit you need. It provides a flexible way to streamline purchases and help you control expenses.

ACU Visa® Business Platinum allows you to:

- Separate business from personal expenses
- Issue cards to employees for purchases, travel, etc.
- Set the spending limit on each employee's card

Card Features:

- No Annual Fee
- Competitive variable rate
- Credit lines up to \$50,000

Apply Today: Make your business more efficient with an ACU Visa Business Platinum Credit Card. To apply, complete the application and fax to (815) 267-7702, mail it, or drop it off at any branch.

Questions? Call 1-866-I-OWN-ACU (469-6228) or e-mail: businessloans@abricu.com

Total Credit Line Requested: \$	lit Line Requested: \$ ACU Account Number:					
	PRINCIPAL OF BUSINESS/OWNER					
① Principal/Owner Name:			SS Number:			
Home Address (Street):						
'			Income \$			
			SS Number:			
			Home Phone:			
of Ownership: Title: Annual Income \$						
Provide additional names on Company Letterhead signed by principal/owner.						
	COMPANY INFORMA	TION				
Company Name (as it will appear on the card):						
Legal Name of Company (if different):						
Physical Street Address (Required):		City, State, Zip	×			
Mailing Address (if different from street address):		City, State, Zip	×			
In Business Since:	Federal Tax Identification Number:					
Business Phone Number:	Business Fax Number:					
Primary Contact Name:						
Phone Number:	E-mail Ad	Idress:				
	TYPE OF LECAL ODG ANITATIO					
☐ Sole Proprietorship ☐ Partnership ☐ Corp.	TYPE OF LEGAL ORGANIZATION Limited Liability Co.	` ′	☐ Not for Profit Agency ☐ Other (Describe below)			
☐ Sole Proprietorship ☐ Partnership ☐ Corpo		ON (CHECK ONE) Government Agency	☐ Not for Profit Agency ☐ Other (Describe below)			
	oration Limited Liability Co.	Government Agency	□ Not for Profit Agency □ Other (Describe below) □ Married □ Separated □ Unmarried			
Note Here: Complete the following only if you reside in a community pr	oration Limited Liability Co.	Government Agency				
Note Here: Complete the following only if you reside in a community provided and New Mexico, Texas, Washington, or Wisconsin) or if an I/we certify that all information is true and complete. I/we authorize A be provided and I/we agree to be bound by the terms and conditions regarding this application and resulting account(s) with credit reporting for all charges on the Account made by persons identified as authorize financial information on us and any principals, owners or guarantors is	oration Limited Liability Co. Coperty state, (Alaska, Arizona, California, Idaho, Liother person will be jointly liable on the account SIGNATURE(S) AND AUTHO ACU to obtain further information concerning me that apply to the Account. In consideration for agagencies and others with legitimate business ned users; (3) ACU may furnish any of its subsidiar as is deemed necessary by ACU. This Account	ouisiana, nt. DRIZATION ny/our credit standing. It the Account I/we agreeds for such reports or affiliates informat t is for business purp	f this application is approved, I/we understand an Account Agreement will e (1) ACU may investigate, obtain and exchange reports and information or information; (2) we and all guarantors will be jointly and severally liable tion regarding the Account; and (4) we will immediately provide additional oses and not for personal, family or household use.			
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OPTIONAL SERVICES							
PRE-AUTHORIZED PAYMENTS I/We authorize ACU to withdraw funds from my	our: ACU Savings	☐ ACU Checking, account #	to	pay my/our ACU VISA Business Credit Card account.			
The monthly deduction for payment to my/our ACU Business VISA will be: (Check one)	☐ The minimum payment or 2.5% of the balance, whichever is greater ☐ The total unpaid balance						
	☐ A fixed amount of \$ which will be greater than the minimum payment or 2.5% of the balance						
I/we understand that this authorization will remain in effect until ACU receives written notification from me/us to terminate my/our automatic payments and is provided with a reasonable amount of time to act on my/our request.							
BALANCE TRANSFER REQUEST							
① Card Issuer:			Account Number:				
Address:				Exact Amount to Pay: \$			
② Card Issuer:				Account Number:			
Address:				Exact Amount to Pay: \$			
③ Card Issuer:				Account Number:			
Address:				Exact Amount to Pay: \$			
Upon approval, I/we wish to transfer my/our present balances on the credit card(s) accounts and/or loans listed above to my/our new business credit card account. I/we understand that I/we cannot hold ACU responsible for late payments. This transaction will be processed as a cash advance according to the terms and conditions of the ACU business credit card account agreement.							

Abri Credit Union VISA® Business Platinum Credit Card Disclosures & Terms 8.99% Annual Percentage Rate (APR) for purchases Cash Advance APR: 8.99% Other APRs Balance Transfer APR: 8.99% Variable Rate Information Your APR may vary. The rate is determined monthly by adding 4.99% to the Prime Rate* Grace Period for Repayment of 25 days on average the Balances for Purchases Method of Computing the Balance for Purchases Average daily balance method (including current transactions) **Annual Fees** None Minimum Finance Charge None **Balance Transfer Fee** 3% Transaction Fee for Cash Advances 1.5% of the amount advanced. Maximum of \$50.00 International Fee 1% Late-payment Fee \$25 **FEES** Returned Check Fee \$25 per check Payment Reversal Fee \$25 per item **Grace Period for Cash Advances** No grace period Card Replacement Fee \$5.00

The information about the cost of the card described in this application is accurate as of **May 5, 2022**.

This information may have changed after the printing date. To find out what may have changed, visit our web site at **www.abricu.com**, call **(815) 267-7700** or write to us at **1350 West Renwick Road, Romeoville, IL 60446.**

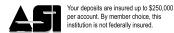
Apply today! Simply complete the application and optional services panel and fax to (815) 267-7702. Or, bring it to the ACU office near you.



866-I-OWN-ACU (469-6228) (815) 267-7700 Fax: 815-267-7701

www.abricu.com





ROMEOVILLE MAIN OFFICE: 1350 West Renwick Road | Romeoville, Illinois 60446

WOODRIDGE BRANCH: 2800 75th Street | Woodridge, Illinois 60517 ANL BRANCH*: 9700 S. Cass Avenue, Bldg. 233 | Argonne, Illinois 60439

FERMILAB BRANCH*: P.O. Box 500, MS #224 | Batavia, Illinois 60510 JOLIET BRANCH: 2350 W. McDonough Street | Joliet, IL 60436

PLAINFIELD BRANCH: 7148 Caton Farm Road | Plainfield, IL 60586 FRANKFORT BRANCH: 20493 s. LaGrange Road | Frankfort, IL 60423

^{*} The U.S. Prime Rate as published in The Wall Street Journal as of the last day of each month preceding each billing cycle (the "index").