nay link to your personal accounts for overdraft imber or the sole proprietor's Social Security

TELL US ABOUT YOUR CREDIT REQUEST

Total Credit Line Amount Requested \$ (Includes Cash Advance Limits)

CREDIT UNION

PO Box 8007.

\$50,000 MAX

Business Checking Overdraft Protection (Choose one):

YES. I want to take advantage of Overdraft Protection for Provident Business Checking account number

This checking account must be in the same name as the business applying for credit. If your business is held as a sole proprietor, you may link to your personal accounts for overdraft protection. To verify account ownership, the Business Tax ID Number on the checking account must match either the Federal Tax ID Number or the sole proprietor's Social Security Number. A cash advance fee, as detailed in your credit agreement, will be charged for each overdraft transfer.

NO. I do not want Overdraft Protection at this time.

TELL US ABOUT YOUR BUSINESS

↑ Complete Legal Business Name	DBA Name (if ap	plicable)	 Fec	leral Tax ID No.
			L	
Business Address		City	Sta	te Zip
Mailing Address (If different from above)		City	LSta	te Zip
Email Address	Website	Business Phone	[Number
				indifioer
Primary Contact Person	Contact Phone	Date Business Established	Unc	der Current Management Since (Mo/Yr)
Entity Type (e.g., Partnership, Corporation)	Industry (e.g., Real Estate, Food Service):	Number of Employees	Annual Gross Reve	enue Annual Net Income

CURRENT BUSINESS FINANCIAL INFORMATION

Primary Financial Institution Loan Balance		\$ Monthly Payments	Average Checking Balance
Assets (Exclude value of, and notes receivable from, the applicant.)	Amount	Liabilities	Amount
Cash in Bank	\$	Accounts Payable	\$
Checking/Savings Acct. No. Institution	\$	Taxes Payable	\$
Checking/Savings Acct. No. Institution	\$	Revolving Credit Card/Credit Card	\$
Accounts Receivable	\$	Bank Loans	\$
Inventory	\$	Installment Contracts and Notes Payable	\$
Machinery and Equipment	\$	Mortgages: Primary Residence	\$
Real Estate	\$	Mortgages: Other Improved Real Estate	\$
Other Assets (Detail):	\$	Other Liabilities (Detail):	\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

YES	🗌 NO	Has the business entity ever filed for bankruptcy?
YES	🗌 NO	Have you and/or Applicant ever filed for bankruptcy?
YES	🗌 NO	Has the business entity ever defaulted on a loan?
YES	🗌 NO	Do you and/or Applicant owe any income, payroll, sales, or other taxes that are past due?
YES	🗌 NO	Is the Applicant party to a claim or lawsuit?
YES	🗌 NO	Does the Applicant have any other credit applications pending?

Pursuant to the **USA Patriot Act** (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism). Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICATIONAGREEMENT

providentcu.org

CARD TYPE:

Business Rewards Visa

Credit Amount Requested

120% of the credit line applied for.

Business Share Secure Visa¹

1) Credit union deposit(s) must be pledged to secure

the Visa, with a minimum pledge of \$600 and at least

Redwood City, CA

94063-0903 (8

BUSINESS VISA®

New Request

Increase Existing Amount

(800) 632-4600

CREDIT UNION

BUSINESS VISA®

• APPLICATION • AGREEMENT

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 providentcu.org

OWNER/GUARANTOR/AUTHORIZED SIGNER (For each additional principal owner or guarantor, whether an

individual, partner, LLC member if member managed or LLC manager if manager managed, please complete the following sections as needed. If Non-Profit, this section is used for authorized signers.)

↑ Owner/Guarantor/Authorized Signer Name			Title	Title			
\$							
Amount Requested Per Cardholder	Date of Birth		Social Security Number	r	Mother's Maio	den Name	
1							
Street Address			City		State Zip		
L							
Email		Home Phone	Cell Phone	Work Phone	Extension	Fax Number	
1							
Preferred Contact Method	Gross Income	9*	Do you own or rent?		Monthly Morte	gage/Rent Payment	

OWNER/GUARANTOR/AUTHORIZED SIGNER (For each additional principal owner or guarantor, whether an individual, partner, LLC member if member managed or LLC manager if manager managed, please complete the following sections as needed. If Non-Profit this section is used for authorized signers.)

↑ Owner/Guarantor/Authorized Signer Nar	ne		Title			Ownership %
\$ Amount Requested Per Cardholder	Date of Birth		Social Security Number		Mother's Maide	en Name
Street Address			City		State Zip	
Email		Home Phone	Cell Phone	Work Phone	Extension	Fax Number
Preferred Contact Method	Gross Income*		Do you own or rent?		Monthly Mortg	age/Rent Payment

OWNER/GUARANTOR/AUTHORIZED SIGNER (For each additional principal owner or guarantor, whether an individual, partner, LLC member if member managed or LLC manager if manager managed, please complete the following sections as needed. If Non-Profit this section is used for authorized signers.)

↑ Owner/Guarantor/Authorized Signer Nan	ne		Job Title			Ownership %
\$					<u> </u>	
Amount Requested Per Cardholder	Date of Birth		Social Security Number		Mother's Maide	en Name
Street Address			City		State Zip	
1						
Email		Home Phone	Cell Phone	Work Phone	Extension	Fax Number
1	1				1	
Preferred Contact Method	Gross Income*	T. C.	Do you own or rent?		Monthly Mortga	age/Rent Payment

OWNER/GUARANTOR/AUTHORIZED SIGNER (For each additional principal owner or guarantor, whether an

individual, partner, LLC member if member managed or LLC manager if manager managed, please attach additional sheets as needed. If Non-Profit this section is used for authorized signers.)

↑ Owner/Guarantor/Authorized Signer National Signer National Statement Provided Signer National Statement Provided Statemen	me	Job Title	Ownership %
\$ Amount Requested Per Cardholder	Date of Birth	Social Security Number	Mother's Maiden Name
 Street Address		City	State Zip
 Email	Home Phone	Cell Phone Work Phone	Extension Fax Number
Preferred Contact Method	Gross Income*	Do you own or rent?	Monthly Mortgage/Rent Payment

* Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying obligation. MA-205 Page 2 of 3 © PCU 7/2023

BUSINESS VISA[®] :

APPLICATIONAGREEMENT

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600

providentcu.org

SIGNATURES/AGREEMENT

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By signing this document you represent and warrant the following: The Credit Union may rely on all the information provided by you on this and other documents signed by or agreed to by you as being complete, true and correct. You are aware that submitting false information may be punishable under Section 1014 of Title 18 of the United States Code and Section 1572 of the California Civil Code. The foregoing information shall be your continuing representation until and unless you advise the Credit Union of material changes, and you will immediately so advise the Credit Union of any adverse changes in your business or financial condition. The Credit Union shall have the continuing right to verify any of the foregoing information, including the right to obtain tax return information from the Internal Revenue Service and the Franchise Tax Board and the right to obtain both the business' credit report and the individual's consumer credit report, for the purpose of verifying the above and determining the Applicant's qualification for the business credit requested. Upon request, the Credit Union will provide you with the name and address of the agency that provided the credit report. You understand credit inquiries may impact your credit with the Credit Union.

If this is an application for an UNSECURED Business Loan/Credit Line/Card, and if the Credit Union approves this application, Applicant and all owners and guarantors agree to be bound by the terms of the loan/credit line/credit card agreement, which will be sent to Applicant including waivers of all suretyship defenses by guarantors. Applicant agrees to notify the Credit Union immediately if it does not receive the loan/credit line/credit card agreement within(10) days after submittal of the application to the Credit Union, or if Applicant, owners and guarantors do not agree to be bound by the terms of the loan/credit line/credit agreement upon receipt thereof. Applicant's acceptance or use of the credit card shall be evidence Applicant's, owners' and guarantors' agreement to all terms of the loan/credit agreement.

If this is an application for a SECURED Business Line of Credit, additional documentation will be sent to applicant and guarantors for execution and submittal to Credit Union for approval.

By checking this box, I provide my express consent authorizing Provident Credit Union to contact me by telephone, which may include artificial or pre-recorded calls and/or text messages, delivered via automated technology, to the phone number(s) that I have provided above. I understand that my consent is not required to receive financial products or services. In order to speak with a representative about the offered products or services without providing consent, please visit your local Provident Credit Union branch or call (800) 632-4600.

Х			
Owner/Guarantor/Authorized Signer	Date	Print Name	Title

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X Owner/Guarantor/Authorized Signer	Date	Print Name	Title
☐ By checking this box, I provide my express artificial or pre-recorded calls and/or text mes			

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Х			
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