BUSINESS CREDIT CARDS. **CHOICE IS UP TO YOU.**



You can separate your business expenses from your personal expenses with the Mid Minnesota VISA Business Classic card or Platinum Rewards. With convenient purchases, cost savings, detailed reporting and additional benefits, you have what you need to help your business thrive. For added control of your business expenses, get cards for your employees and set limits.

	Business Classic	**Business Platinum Rewards**
ANNUAL PERCENTAGE RATE (APR)[1]	Variable rate base on Prime Rate with rates as low as **12.49%APR[1,2,8]**	Variable rate base on Prime Rate with rates as low as **14.49%APR[1,2,8]**
BENEFITS AND FEES	• No Annual Fee [7] • Foreign Transaction Fee of 1% of purchase	• No Annual Fee [7] • Foreign Transaction Fee of 1% of purchase
CREDIT LIMITS	Minimum $500/Max $30,000	Minimum $500/Max $30,000
REWARDS POINTS THROUGH CU SELECT[3] For information visit **curewards.com** or call 1-888-634-6318	N/A	• Bonus points: spend $1,000 in the first 90 days and earn 10,000 bonus points [4, 6] • Unique experiences • 3 points for purchases made at gas stations and office supply stores • 2 points for purchases at restaurants • 1 point for all types of purchases • Points to Cash
BENEFITS[5]	• Local Servicing • 25 Day Grace Period • Monitor purchases and activity though Business card management soft ware • Travel accident insurance • Low interest rate • 24-hour account access • Lost/stolen card reporting • Zero liability	• Local Servicing • 25 Day Grace Period • Monitor purchases and activity though Business card management soft ware • Visa Signature concierge 24-hour account access • Roadside dispatch • Travel accident insurance • Baggage delay • Auto rental collision damage waiver • Global assistance services • Warranty manager service • Travel and emergency assistance services • Emergency card replacement and emergency cash disbursement • Lost/stolen card reporting • Zero liability

1. APR = Annual Percentage Rate. Maximum APR=18% APR. Loans subject to credit approval. Certain restrictions apply. 2. For Variable Rate accounts, the interest rate is subject to change on the statement cycle date to reflect any change in the index and will be determined by the Prime Rate on the first day of each calendar quarter month of each year as published in *The Wall Street Journal* " Money Rates" table to which we add a margin. The Interest Rate will never be greater than 18%. Any increase in the Interest Rate will take the form of additional payments shown as Total Minimum Payments on the statement. If the Index is no longer available, the Credit Union will choose a new Index which is based upon comparable information. 3. Ask a credit union representative for complete CU Select (Platinum Rewards) Program Rules & Conditions. 4. Transactions must be posted to account with in the first 90 days from card issuance. 5. See card terms and conditions for specifics. 6. New Mid Minnesota credit card holders only. 7. No annual fee. Other fees may apply, including late payment fees, returned payment fees, and cash advance fees. 8. Rates shown as of 10/1/2026. Refer to the Credit Card Agreement and Disclosure for complete terms, conditions, fees and rates.

REV 10.19.2026

MIDMINNESOTA FEDERAL CREDIT UNION

BUSINESS MEMBER

Financial information for all owners may be required before final approval.

BUSINESS VISA APPLICATION

BUSINESS VISA

Please check card type applying for: ☐ **Business Classic Credit Card*** ☐ **Business Platinum Rewards Card***

☐ Total Limit Requesting $_____ **(Minimum $500)**

Pick one:

☐ Individual Pay (Individual limits and statements) ☐ Consolidated Pay (Shared credit limit, ability to add sub user cards, one primary statement)

☐ Month ending Fiscal Year _____

☐ Increase Limit to $_____ (Current account # _____)

** The Business Classic Credit Card and the Business Platinum Rewards Credit Card are variable rate credit cards, may change quarterly.*

BUSINESS INFORMATION

Legal Business Name

DBA or Registered Name

Federal Tax ID or Social Security #	Business Phone
Date Business Established	Owned Since

Business Street Address (no P.O. Boxes) City State Zip

Mailing Street Address (if different) City State Zip

Business E-mail Address	Business Fax Number

Ownership Type:

☐ Individual ☐ C-Corporation ☐ Limited Liability Company ☐ Non-profit
☐ Sole Proprietorship ☐ General Partnership ☐ Limited Liability Partnership ☐ Other: _____
☐ S-Corporation ☐ Limited Partnership ☐ Professional Association

Nature of Business:

☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Services
☐ Contractor/Construction ☐ Other:_____

Please describe your product/service:_____

MIDMINNESOTA FEDERAL CREDIT UNION

BUSINESS MEMBER

BUSINESS VISA APPLICATION

BUSINESS OWNER(S)/GUARANTOR(S)/ORGANIZATIONAL OFFICER(S) INFORMATION:

Persons opening an account on behalf of a legal entity must provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity, also known as Beneficial Owners.

Name		Title
Ownership %	Date of Birth	SS#/Tax ID
Address		
Phone Number		Drivers License Number

Name		Title
Ownership %	Date of Birth	SS#/Tax ID
Address		
Phone Number		Drivers License Number

Name		Title
Ownership %	Date of Birth	SS#/Tax ID
Address		
Phone Number		Drivers License Number

Name		Title
Ownership %	Date of Birth	SS#/Tax ID
Address		
Phone Number		Drivers License Number

CONTROLLING PERSON: Any person transacting on behalf of entity including, but not limited to owners

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

☐ An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer): or

☐ Any other individual who regularly perfroms similar functions. (If appropriate, an individual above may also be listed in this section).

Name	Title
Date of Birth	SS#/Tax ID
Phone Number	Email Address
Address (Res. or Bus. Street Address)	

MIDMINNESOTA FEDERAL CREDIT UNION

BUSINESS MEMBER

BUSINESS VISA APPLICATION

REQUIRED INFORMATION (To be completed by the person opening the account on behalf of the legal entity)

Name and Title of Natural Person Opening Account:

Name, Type and Address of Legal Entity for Which the Account is Being Opened:

I, _____ (Name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

By: _____ Date:_____

BUSINESS INFORMATION

	YES	NO
■ Does the business applicant or guarantor(s) own 20% or more of another company? *(If yes, attach tax returns)*	☐	☐
■ Has the business applicant used or done business under any other names?	☐	☐
■ Does the business applicant or guarantor(s) hold any assets in trust? *(If yes, provide a copy of the complete Trust Agreement).*	☐	☐
■ Is the business applicant an endorser, guarantor or co-maker for obligations not listed on its financial statements?	☐	☐
■ Is the business applicant or any guarantor(s) a party to any claim or lawsuit?	☐	☐
■ Has the business applicant or any guarantor(s) ever declared bankruptcy?	☐	☐
■ Does the business applicant use hazardous substances in the normal course of business?	☐	☐
■ Has the business applicant ever failed to comply with any laws, rules or regulations relating to hazardous substances?	☐	☐
■ Are there any state or federal tax liens pending or filed against the business applicant or any guarantor(s)?	☐	☐

If you answered "YES" to any of the above questions attach an explanation and details of each.

CURRENT BUSINESS DEPOSITORY RELATIONSHIPS

Institution Name	Phone		Date Opened	Current Balance
		☐ Checking ☐ Savings		$
Institution Name	Phone		Date Opened	Current Balance
		☐ Checking ☐ Savings		$
Institution Name	Phone		Date Opened	Current Balance
		☐ Checking ☐ Savings		$

CURRENT BUSINESS LOAN RELATIONSHIPS

Creditor	Type*	Collateral	Interest Rate	Maturity Date	Current Balance	Monthly Payment
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
				Totals	$	$

* Type: Line (L), Term (T), Lease (LE), Other (O)

List on a separate sheet of paper all leases, guaranties, commitments, contingent liabilities or any other obligation not listed above or shown on the financial statements.

MIDMINNESOTA FEDERAL CREDIT UNION

BUSINESS MEMBER

BUSINESS VISA APPLICATION

AUTHORIZATION/SIGNATURES

The undersigned certify that he/she is authorized to execute this Application for the business named above ("Applicant"), is an authorized cardholder of applicant or guarantor and that all information and documents submitted, including financial statements, and federal income tax returns, are true, correct and complete. The undersigned further agree to notify Mid Minnesota Federal Credit Union (MMFCU) promptly of any material change in any such information. The undersigned authorize MMFCU to:
1) obtain additional information concerning my financial condition, employment and credit history including without limitation, consumer and/or business reports, inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as applicant and individuals at any time; 2) furnish such information and share any credit experience with me to others and answer any questions about my credit experience and other financial relationships with MMFCU; 3) disclose account information as required by law. The undersigned further authorize MMFCU to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. The undersigned understand and agree that this application is subject to final credit approval and that additional information may be required in order to make a final credit decision. This application and all supporting information including but not limited to financial statements and tax returns shall remain the property of MMFCU. The undersigned understand it may be a federal crime punishable by a fine and/or imprisonment to knowingly make false statements or provide incomplete or incorrect information on loan applications to financial institutions.

In order to induce MMFCU to issue such card(s) and grant such credit, and in consideration of the issuance of such card(s), the undersigned, authorized signer(s), hereby certifies and agrees that a) he/she is an officer of the above named Business authorized to enter into this agreement; b) each person named above is and shall continue to be authorized to use the card(s) issued, and to incur charges against the Business's credit card account, until the card(s) are returned to MMFCU and MMFCU is authorized to pay for the account of the Business all items charged to its account; c) this account is to be used for business purposes only; and d) this account, if approved, will be governed by the terms and conditions to be sent in the "Visa Terms and Conditions" Agreement and disclosures.

The undersigned cardholder(s) hereby certifies and agrees that a) he/she will be liable for the charges to the account as to that individual's account charges whether made by the individual or others; b) he/she is and shall continue to be authorized to use the card(s) issued, and to incur charges against the Business's credit card account, until the card(s) are returned to MMFCU and MMFCU is authorized to pay for the account of the Business all items charged to its account; c) this account is to be used for business purposes only; and d) this account, if approved, will be governed by the terms and conditions to be sent in the "Visa Terms and Conditions" Agreement and disclosures.

OWNERS	ORGANIZATIONS/NON-PROFIT
1. _____ Authorized User/Signer/Personal Guarantor _____ Title Date	1._____ Organization/Authorized User _____ Title/Position Date
2. _____ Authorized User/Signer/Personal Guarantor _____ Title Date	2._____ Organization/Authorized User _____ Title/Position Date
3. _____ Authorized User/Signer/Personal Guarantor _____ Title Date	3._____ Organization/Authorized User _____ Title/Position Date
4. _____ Authorized User/Signer/Personal Guarantor _____ Title Date	4._____ Organization/Authorized User _____ Title/Position Date

NAMES OF INDIVIDUALS WHICH NEED CARDS ISSUED AND ACCESS LIMITS

1._____ Access Limit $_____
2._____ Access Limit $_____
3._____ Access Limit $_____
4._____ Access Limit $_____
5._____ Access Limit $_____
6._____ Access Limit $_____

COMPLETE ONLY if requesting online access

Business Administrator Name: _____

Email Address:_____ Cell Phone Number:_____

Adverse Action Notice

(Applicant copy is located on page 5 of this form.)

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Mid Minnesota Federal Credit Union is the National Credit Union Administration, Office of Consumer Financial Protection (OCFP), 1775 Duke Street, Alexandria, VA 22314.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid Minnesota Federal Credit Union, Business Member Services, PO Box 746, Brainerd, MN 56401.

ADMINISTRATION ONLY

Statement
__Individual
(Each cardholder receives statement)
__Consolidated
(All transactions on primary cardholder statement)

Card Ordered
__Yes
__No

Program Admin _____

Program Admin Email_____

Adverse Action Notice

Applicant's Copy

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If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please write Mid Minnesota Federal Credit Union, Business Member Services, P.O. Box 746, Brainerd, MN 56401within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Applicant: Retain for your records