



Section 2: Ministry Classic Credit Card Application

***Please note: All Entities must become a Member of LutheranFCU first.**

Once the membership has been established, please prepare the following:

- a. Complete and sign the attached Lutheran FCU “Ministry Classic Credit Card for Entities” Application.
- b. Financial Statements for the previous two (2) completed fiscal years. At a minimum this must consist of Income Statements (Profit & Loss) and Balance Sheets (Assets & Liabilities).

Minimum 2 signers chosen from the LutheranFCU deposit account. Account Manager must be one of those signers.

Please send the application along with the financial statements to:

Email: Loans@lutheranfcu.org

Fax: (314) 394-2799

Mail: 10733 Sunset Office Drive Ste. 406 St. Louis, MO 63127



Member Statistics (if applicable)

Entity Name:

Already a Member? Please Enter your Member number: _____

Congregation

Last Year

Current year

Communicant Membership

Average Weekly Attendance

Number of Giving Units (If Known)

School or Child Development Center

Number of Students Enrolled

Number of Teachers employed

Assets Owned

Description of Assets

Value

Checking *(Name of Financial Institution)*

Savings Account *(Name of Financial Institution)*

Real Estate Owned *(Address)*

Other <i>(list type of Asset and location)</i>	
Other <i>(list type of Asset and location)</i>	

Liabilities (List all debts in the name of the entity)			
Name of Lender:	Monthly Payment:	Balance:	Type of Loan (ex. Mortgage)
Name of Lender:	Monthly Payment:	Balance:	Type of Loan:
Name of Lender:	Monthly Payment:	Balance:	Type of Loan:
Name of Lender:	Monthly Payment:	Balance:	Type of Loan:
Name of Lender:	Monthly Payment:	Balance:	Type of Loan

Credit Limit Request
<p>Please list the amount of the credit card request below that the Entity has approved to obtain when the Financial Resolution was signed.</p> <p>Amount Requested (up to \$10,000): \$ _____</p>

Cardholders Requested (first 3 cards free; \$10 each additional)

Name:	D.O.B.	Phone:	Title:
Name:	D.O.B.	Phone:	Title:
Name:	D.O.B.	Phone:	Title:
Name:	D.O.B.	Phone:	Title:
Name:	D.O.B.	Phone:	Title:

Signatures

Minimum 2 signers chosen from the LutheranFCU deposit account. Account Manager *must* be one of those signers.

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what the entity owes. If there are any important changes, you will notify us in writing immediately. You understand that the Credit Union will rely on the information in this application to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application. The person(s) signing the

application is/are indeed authorized to act on behalf of the borrower. Borrower further grants to Credit Union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. By signing below or when any Cardholder listed above uses the card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date