



Ministry Classic Credit Card Application

Please Note: All entities MUST become a member of LutheranFCU first!

Once membership has been established, please prepare the following:

- a. Complete and sign the attached LutheranFCU “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).
- c. Copy of your most recent month’s full bank statement (all pages) from your primary bank account. If your primary account is with LutheranFCU, we will obtain this statement for you.

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

Please send the application along with the financial statements to one of the below:

Email: Loans@lutheranfcu.org

Fax on high resolution: (314) 394-2799

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



Ministry Classic Credit Card Application for Entities

Member Information

Entity Name: _____

Already a Member? Please Enter your Member number: _____

Congregation	<u>Current Year</u>	<u>Previous Year</u>
Communicant Membership		
Average Weekly Attendance		
Number of Giving Units (If Known)		
School or Child Development Center	<u>Current Year</u>	<u>Previous Year</u>
Number of Students Enrolled		
Number of Teachers employed		

Assets Owned

<i>Description of Assets</i>	<i>Value</i>
Checking <i>(Name of Financial Institution and corresponding account number)</i>	
Savings Account <i>(Name of Financial Institution and corresponding account number)</i>	
Real Estate Owned <i>(Address)</i>	
Other <i>(list type of Asset and location)</i>	
Other <i>(list type of Asset and location)</i>	

Credit Limit Request

Please list the amount of the credit card request that the Entity has approved when the Financial Resolution was signed.

Amount Requested (up to \$15,000): \$ _____

Income / Revenue	<u>Current Year</u>	<u>Previous Year</u>
Total Revenue (total income from all sources)		
Net Profit / Net Loss		

Liabilities <i>(List all debts in the name of the entity)</i>			
Type of Loan (mortgage): <i>MORTGAGE LOAN</i>	Lender Name:	Balance:	Monthly Payment:
Type of Loan (entity credit card): <i>CURRENT CREDIT CARD</i>	Lender Name:	Balance:	Monthly Payment:
Type of Loan (list other debts):	Lender Name:	Balance:	Monthly Payment:
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Cardholders Requested <i>(first 3 cards free; \$10 each additional)</i>
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Name:	D.O.B.	Phone:	Title:
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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