

BUSINESS ONLINE SERVICES APPLICATION

- ☐ Positive Pay
☐ Remote Business Deposit

Global Account #

Legal name of business (<i>company name</i>) (<i>for sole proprietor: last name, first name</i>):			
Doing business as (DBA) (<i>if applicable</i>):			
Federal tax ID number:		Date established:	Present ownership since:
Annual sales revenue: \$	Nature of business:		
Business type: <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Non-profit <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Business physical address (<i>no P.O. Box please</i>):		City:	State: Zip:
Mailing address (<i>if different than street address</i>):		City:	State: Zip:
Business phone number:	Business fax number:		
Website address:		Business email:	
Business location: <input type="checkbox"/> Shopping center <input type="checkbox"/> Industrial building <input type="checkbox"/> Office building <input type="checkbox"/> Residence			Number of locations:
Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Rent - Provide landlord name, address, and telephone number			

Financial inquiries: If not an Global Member please provide most recent three months of bank statements

Business deposit or investment accounts (<i>List only non-Global accounts</i>). Attach separate sheet, if necessary.		
Financial institution:	Average combined balance: \$	Average daily deposit amount: \$
Financial institution:	Average combined balance: \$	Average daily deposit amount: \$
Financial institution:	Average combined balance: \$	Average daily deposit amount: \$

If yes to any of the questions, please explain on an attached sheet.

Has the business incurred a loss in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the borrower or any principal declared bankruptcy in the last 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the borrower liable on any debts not shown above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business or any principal contingently liable as guarantor, comaker, or endorser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business or any principals currently involved in any litigation or other legal claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any taxes currently past due by the business or any principal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business have any outstanding tax liens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list amount due: \$		

Consent, statement, and signatures of business owners/principals:

BY SIGNING BELOW, I/WE ("APPLICANT/OWNER") CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT, AND COMPLETE AND THAT I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT. Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the actions of Global Federal Credit Union ("Credit Union") can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this statement either directly or through any agency employed by the Credit Union for that purpose. Applicant authorizes the Credit Union to obtain credit reports, and agrees to provide any additional information requested in connection with this services application. Credit Union may also investigate my background, income, credit or credit worthiness, assets, or other matters as it deems reasonably necessary or appropriate.

1. Authorized Signer

Printed name:		Title:	
Social Security Number:	Date of birth:	Authorized signature:	Date:

2. Authorized Signer

Printed name:		Title:	
Social Security Number:	Date of birth:	Authorized signature:	Date:

3. Authorized Signer

Printed name:		Title:	
Social Security Number:	Date of birth:	Authorized signature:	Date: