

# VISA CHECK CARD BUSINESS DEBIT CARD APPLICATION

(for business purposes only)

Business Name \_\_\_\_\_ Taxpayer ID No. \_\_\_\_\_

Corporation:  for profit  not for profit  
 Partnership  Limited Liability Company  Sole Proprietorship  Other \_\_\_\_\_

County and State of Business \_\_\_\_\_

Business Address (Street, City, State & ZIP) \_\_\_\_\_

Business Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Business Fax No. (\_\_\_\_\_) \_\_\_\_\_

Business E-mail \_\_\_\_\_ Business Web Page \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Account #2 \_\_\_\_\_

Number of Cards Requested \_\_\_\_\_ Defaults

Names of Cardholders: \$500.00 cash/\$5000.00 POS

Name _____	PIN _____	Dollar Limits _____
Name _____	PIN _____	Dollar Limits _____
Name _____	PIN _____	Dollar Limits _____
Name _____	PIN _____	Dollar Limits _____
Name _____	PIN _____	Dollar Limits _____
Name _____	PIN _____	Dollar Limits _____
Name _____	PIN _____	Dollar Limits _____
Name _____	PIN _____	Dollar Limits _____

**Signatures:** By signing below, you are requesting the VISA Check Card and associated services. You agree to the terms and conditions of the VISA Check Card Agreement, including any fees and charges. You further agree that the information contained in this Application is accurate. You authorize us to verify your creditworthiness and employment history, as an individual, through any necessary means, including having a consumer credit reporting agency run a consumer credit report on you.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

**Mail or Deliver Application to:**  

COMMUNITY GUARANTY SAVINGS BANK  
 PO BOX 996  
 PLYMOUTH, NH 03264

**For Institution Use**  
 Approved  Declined  
 Additional Information \_\_\_\_\_  
 By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Separate Authorization on File  Yes  No  
 Number of Cards Received \_\_\_\_\_