

Business Membership Application



ACCOUNT NUMBER: _____

ABOUT BUSINESS – please print clearly

LEGAL BUSINESS NAME: _____

DOING BUSINESS AS (TRADE NAME): _____

TAX I.D. NUMBER: _____ DATE BUSINESS ESTABLISHED: _____

NATURE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____ WEB ADDRESS: _____

LOCATION ADDRESS (NO P.O. BOX NUMBER): _____

CITY: _____ STATE: _____ ZIP: _____

CORP. PHONE #: _____ FAX #: _____ CONTACT NAME: _____

BILLING ADDRESS (IF DIFFERENT THAN LOCATION ADDRESS): _____

CITY: _____ STATE: _____ ZIP: _____

OWNERSHIP TYPE: CORPORATION PARTNERSHIP SOLE PROP. GOVERNMENT LLC NON-PROF/501(c)(3) STATUS

AUTHORIZED PERSONS – please print clearly

OWNER PARTNER AUTHORIZED SIGNER OTHER _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ SSN: _____ DOB: _____

DRIVER LICENSE #: _____ STATE: _____ EMAIL ADDRESS: _____

SIGNATURE: _____

OWNER PARTNER AUTHORIZED SIGNER OTHER _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ SSN: _____ DOB: _____

DRIVER LICENSE #: _____ STATE: _____ EMAIL ADDRESS: _____

SIGNATURE: _____

OWNER PARTNER AUTHORIZED SIGNER OTHER _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ SSN: _____ DOB: _____

DRIVER LICENSE #: _____ STATE: _____ EMAIL ADDRESS: _____

SIGNATURE: _____

ACCOUNTS –please print clearly

- SAVINGS / MMA / CERTIFICATES _____
- CHECKING _____
- OTHER _____

REQUIRED FORMS

Please submit the following with your Application so that we may process your application in a timely manner.

DBA/Sole Proprietorships:

Sole Proprietorship Certification
Assumed Name Certificate

Partnerships:

Partnership Resolution
Assumed Name Certificate

Limited Liability Companies:

LLC Resolution
Articles of Organization
Operating Agreement
Certificate of Good Standing

Corporations:

Corporation Resolution
Certified Copy of Articles of Incorporation
Certificate of Good Standing

Not-for-Profit Organizations:

Corporate Resolution

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who has access to the account. *What this means for you:* When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

I understand I have applied for Altra Federal Credit Union membership as well as other Altra products and services. I certify that the foregoing information has been supplied truthfully, accurately, and voluntarily. If proven otherwise, you may demand payment in full of any debt I have outstanding with you or revoke any services I use. I further understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts. I further certify that the Board of Directors/Owners of the business/organization have, and at the time of adoption of this resolution had full power and lawful authority to adopt the foregoing who have full power and lawful authority to exercise the same and that this authorization supersedes any prior authorization on the file with Altra.

I authorize Altra to conduct any investigations as you deem necessary, including, but not limited to, any credit bureau or consumer report. I: 1) acknowledge receipt of Altra's full account disclosure; 2) agree to be bound by all terms of any Altra disclosures, account agreements, bylaws, and amendments; 3) grant Altra a security interest in this account to secure all obligations owing by any or all of the undersigned to Altra, now or in the future; 4) understand that I need to maintain membership in good standing.

This application does not constitute a contract for the extension of credit nor does it imply eligibility.

Under penalty of perjury, I certify that (1) the number shown on this form is the correct taxpayer identification number, (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interests or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a nonresident alien). The IRS does not require my consent to any provisions of this document other than the certification required to avoid back up withholding.

WWW.ALTRA.ORG

Visit our website for Altra Rates and complete Products & Services information and membership eligibility.

CONTACT ALTRA

For questions about this form, please contact a friendly Altra member services representative.

Phone: 608-787-4500 / Toll-free 800-755-0055, Mon-Fri, 7:30 am-6 pm (Central Time)

Mail: Altra Federal Credit Union, Attn: Member Services, 2715 Losey Blvd. S., La Crosse, WI 54601-7409

ALTRA**USE ONLY**

PREPARED BY: _____ DATE: _____

COMMENTS: _____

MECH

CHEX YEAR _____ STATE _____

YEAR _____ STATE _____

YEAR _____ STATE _____

CREDIT SCORE _____