



Business Visa Credit Card Request

Instructions: Complete one form per request. Provide the completed form to your Advisor for processing.

Business Details

Membership #: _____

Business Name: _____

Request a new cardholder account

Note: The business as the debt holder, may request additional Cardholders and will receive a Meridian Business Credit Card. As the debt holder, the Business is responsible for any purchases, cash advances, or any other charges your Cardholders makes using your Account. By signing below, you agree to the terms in this paragraph, and you agree that all the information entered is true and accurate.

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Mobile Phone #: _____

Landline Phone #: _____

Credit Limit: _____

Email Address: _____

Cancel a Cardholder Account

Last 4 Digits of Credit Card #: _____

Cardholder Name: _____

Change a Cardholder Credit Limit

Last 4 Digits of Credit Card #: _____

Cardholder Name: _____

New Credit Limit: \$ _____

According to the most recent resolution we have on file, we require _____ Authorized Officer(s) to sign below:

1. Signature of Authorized Officer

I have the authority to bind the Business: _____

Name: _____

Title: _____

Date: _____, _____

2. Signature of Authorized Officer

I have the authority to bind the Business: _____

Name: _____

Title: _____

Date: _____, _____

3. Signature of Authorized Officer

I have the authority to bind the Business: _____

Name: _____

Title: _____

Date: _____, _____

By signing below, I hereby confirm that, in compliance with AML and in accordance with the most recent Membership Account Resolution of the Primary Member to this agreement, the Officers executing this agreement have the authority to do so.

Signature of Meridian Representative (CAM/BM/ABM/SBA)

Name and Title (please print)