

## VISA® COMMUNITY CARD APPLICATION

Elon Location Code (Required)

This location code is indicated  
10th digit of the card number

All fields are required. Any missing information may cause your application to be delayed or declined.

ATTENTION

APPLICATION MUST BE COMPLETED AND ALL SECTIONS MUST BE SIGNED

Any missing information or signatures could delay the processing of your application and require additional calls.

Non-Profit (NP)

Municipalities (MU)

☐ Visa COMMUNITY Card (No Rewards) COCV SC 07415 PC 4045 KP:B☐ Visa COMMUNITY Card (No Rewards) COCV SC 07417 PC 4045 KP:B☒ Visa COMMUNITY Card w/Rewards COCV SC 07416 PC 4047 KP:B☐ Visa COMMUNITY Card w/Rewards COCV SC 07418 PC 4047 KP:B

Note: If no selection is made or both products are selected, we will process your application for a Visa COMMUNITY Card (No Rewards).

SEE SUMMARY OF ACCOUNT TERMS ON PAGE 6 FOR FEES AND OTHER COST INFORMATION.

Organization Name to Appear on Card (maximum of 21 characters)

Luth Ch Resurrection

Tax ID Number

39-0978989

Organization Legal Name

Lutheran Church of the Resurrection

Street Address (No PO Boxes Allowed, U.S. Addresses Only)

322 Ohio Street

Suite/Unit #

City Racine

State

WI

ZIP Code

53405

Organization Website Address (if applicable)

Doing Business As (DBA) Name

SAME AS ABOVE

Doing Business As (DBA) Street Address (No PO Boxes Allowed, U.S. Addresses Only)

City

State

ZIP Code

Mailing Address (If Different Than Above)

City

State

ZIP Code

Year Organization Established

1961

Organization Phone Number

262 637-7431

Organization Fax Number

Gross Annual Sales:

\$ NA Non-Profit

Total Organization Anticipated Monthly Credit Card Spend:

\$

Legal Structure:

☒ Non-Profit ☐ Municipality

Nature of Business (Describe your organization in 5 words or less.)

Lutheran Church

Type of Industry: ☐ Agriculture, Forestry, Fishing ☐ Construction ☐ Finance, Insurance, Real Estate ☐ Manufacturing ☐ Mining☐ Public Administration ☐ Retail Trade ☐ Services ☐ Transportation ☒ Other Church

Industry Sub Group (e.g. Women's clothing if Retail Trade selected above)

NAICS Code:

6-digit Business Classification Code.

(See www.naics.com/search to locate code.)

8 013 1 1 0

Cash access enabled on any

organization cards? ☐ Yes ☒ No

Country of Formation: (If "Other" provide country name.)

☒ USA ☐ Other

Combined Checking, Savings and Money Market Accounts

\$ 450,000

Combined Investment and Retirement Accounts

\$

Please provide the length of time, in years, that you have had a financial relationship with this Institution (if applicable):

50 Years

Authorized Officer Name (First, Middle, Last)

ANTHONY PAUL BAUMGART

Suffix

Authorized Officer's Organization Title ☒ President ☐ Owner/Proprietor☐ Vice President ☐ Treasurer ☐ Partner/Principal ☐ COO☐ CEO ☐ CFO ☐ General Manager ☐ Managing Member

Home Street Address (No PO Boxes Allowed, U.S. Addresses Only)

2536 DOVER LN.

Suite/Unit #

City

MT. PLEASANT

State

WI

ZIP Code

53406

Date of Birth

12/20/1966

Social Security Number

-

Primary Phone Number

262 770-7107

Organization Phone Number

262 637-7431

Anticipated Monthly Spend

\$ 0

Cash Access?

☐ Yes ☒ No

# VISA® CommUNITY CARD APPLICATION

Elan Location Code (Required)

No Location Code Indicated.  
Application will not be processed.

INDIVIDUAL EMPLOYEE INFORMATION

(Partnership, LLC, S-Corporation, etc.) Complete if you would like to allow additional users on this account. All individual employee information will not be used to determine creditworthiness. If you are an individual applicant, you will have liability for the account.

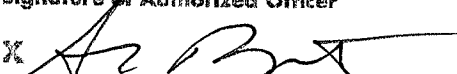
Name of Employee (First, Middle, Last)	Suffix	Date of Birth	Social Security Number	Anticipated Monthly Spend
Karen A. Pahl		10/23/1969	253-51-5517	\$ 2,100 <sup>est</sup>
Kelly E. Nieman Anderson		4/25/1981	383-83-5541	\$ 1,000 <sup>est</sup>
Name of Employee (First, Middle, Last)	Suffix	Date of Birth	Social Security Number	Anticipated Monthly Spend
		/ /	- - - -	\$
Name of Employee (First, Middle, Last)	Suffix	Date of Birth	Social Security Number	Anticipated Monthly Spend
		/ /	- - - -	\$

IMPORTANT TERMS AND APPLICANT AGREEMENT

The Authorized Officer (the "Applicant") signing this application is applying, on behalf of Organization, for a Visa CommUNITY Card Account ("Account") issued by Elan Financial Services ("we," "us" or "our"). If the Organization is approved for an Account, the Applicant requests and directs us to open an Account and to issue Visa CommUNITY Cards ("Card," "Cards") to the Applicant and to any individual employee applicants ("Employee Applicants") of the Organization as designated by the Applicant on this application or its addendum, or by any process agreed to by us and the Organization. The Applicant certifies that (i) the execution, delivery and performance of this application has been authorized by all necessary corporate action by the Organization, evidence of which action will be provided upon request; and (ii) the Applicant is authorized to bind the Organization to the terms of this application and the Applicant Agreement, as further evidenced in a duly executed Organization Certificate of Authority. At the time the Account is opened, the Applicant and each Employee Applicant will be issued a Card and a Cardmember Agreement governing individual use of the Account and Cards. Use of the Card or the Account will signify acceptance of the terms of the Cardmember Agreement, which may be amended from time to time. We reserve the right to consider the Organization for a lower spending limit if one was requested. As long as the Account is open, we may obtain credit reports about the Organization from time to time. The Applicant understands and agrees that the Organization is solely liable for all charges made to the Account, including all Cards designated by the Organization. The Applicant understands and agrees that we may increase or decrease the spending limit assigned to the Account and/or the Cards within the Account or close the Account at any time based on our credit guidelines, credit report information, Account history, or the financial circumstances of the Organization. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system - from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. All applicants must be at least 18 years old and agree that Accounts and Cards will be used primarily for business purposes, and not personal, family, or household purposes. You further agree that in order to open and administer the Account that may be established as a result of this application that we and the correspondent financial institution that solicited this application may share certain information about you and your ongoing Account activity. Information from this application may be shared with our affiliates. Cash access is subject to credit approval. You certify that to the best of your knowledge, the information provided about yourself, the name and address provided for the legal entity customer, and the information provided about the individual(s) with control over the legal entity customer is complete and correct.

SIGNATURE

By signing below, you certify that you have read and understand the important terms and Applicant Agreement and you agree to the terms of this application.


Signature of Authorized Officer	Date
X 	4/20/2021

ORGANIZATION CERTIFICATE OF AUTHORITY

Authorized Officer (Name, Title, and Address) will be printed below in this section above.

The Undersigned certifies that

**ANTHONY BAUMGARDT** (Name), **PRESIDENT** (Title), ("Authorized Officer") is authorized by Organization to enter into and execute this Visa CommUNITY Card Application on behalf of Organization, thereafter binding the Organization to the terms of the Visa CommUNITY Card Applicant Agreement, and further, that the signature appearing below is his/her genuine signature.

Signature of Authorized Officer	Signed this
X 	20 day of APRIL (month) 2021 (year)
Signature of Secretary or Assistant Secretary (If required by your Organization.)	Printed Name of Secretary or Assistant Secretary
X	
Legal Name of Organization (Legal Organization name must match the Legal Organization name on the Identity Document.)	