



1320 Hendricks Avenue
Jacksonville, Florida 32207

Phone: 904-396-4208
800-749-3228
Fax: 904-398-5259
Email: info@fbcu.org
Website: fbcu.org

*Serving
Southern Baptist
Throughout Florida*

CHURCH/ORGANIZATION CREDIT CARD APPLICATION REQUIREMENTS

Thank you for considering FBCU for your organizations credit card needs. Please read this letter and follow the directions to complete your application. All items checked must be forwarded with the completed application. **Where officers are requested to sign, please refer to your governing documents to assure that the correct individuals sign.**

1. Financial and Statistical Report and Credit Card Request signed and dated by officers
2. Copy of most recent filing of Corporate Officers with the State of Florida
3. Copy of current By-Laws
4. Last month's Financial Statement/Income Statement
5. Last three years Fiscal year-end Financial Statement/Income Statement
6. Copy of current budget
7. Three months bank statements for all cash/investment accounts
8. Credit Card Resolution
9. Credit Card application signed by named individuals on Credit Card Resolution



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RE: Church Corporate Credit Card/ application

Enclosed is the credit card information to establish a corporate credit card in your church's name. The account works the same as most corporate cards in that the balance is paid in full each month. The difference is that with every purchase made with a Florida Baptist Credit Union credit card, the credit union earns a fee from the merchant. The credit union then returns a portion of this fee to the Florida Baptist Convention for mission work within the state.

If your church uses a credit card for purchases such as gas or travel expenses, consider replacing it with a Florida Baptist Credit Union credit card, either MasterCard or Visa. Every time you use your credit card, you are contributing toward the 10% tithe given by FBCU to further the cause of Christ in Florida. No other credit card can promise this type of benefit.

When establishing your church's aggregate credit limit you may want to consider allowing flexibility by not setting a limit that is too low. A new certificate of resolution is required every time there is an increase in the aggregate limit or if your officers change. Please keep this in mind as you establish your limit.

We look forward to working with your church and if you should have any questions, please do not hesitate to call me at 1-800-749-3228 or 396-4208 ext. 237.

Sincerely,

Leah W. Norman
Credit Card Coordinator



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**CREDIT CARD REQUEST
FINANCIAL AND STATISTICAL REPORT**

Church/Association Name _____
 Address _____
 Telephone _____
 Pastor's Name _____
 Association affiliation _____
 Credit Union account number _____

STATISTICAL INFORMATION

	Present Year to Date		Previous Year End		Previous Year End	
	Month	Year	Month	Year	Month	Year
Resident Church Membership	_____	_____	_____	_____	_____	_____
Total Undesignated Receipts	_____	_____	_____	_____	_____	_____
Total All Receipts	_____	_____	_____	_____	_____	_____
Number of Paid Staff Full Time	_____	_____	_____	_____	_____	_____
Number of Paid Staff Part Time	_____	_____	_____	_____	_____	_____

Length of time Pastor on staff _____
 Length of Pastor's related experience _____

FINANCIAL SUMMARY

Church Property, Buildings and Equipment	\$ _____
Cash on hand	\$ _____
Bank Name _____	\$ _____ *
Bank Name _____	\$ _____ *
Bank Name _____	\$ _____ *
Other _____	\$ _____ *

* (attach three months statements)

Accounts Payable	\$ _____
_____	\$ _____
_____	\$ _____

Debts	\$ _____
_____	\$ _____
_____	\$ _____

Total monthly payments \$ _____

TOTAL CREDIT CARD LIMIT REQUESTED \$ _____

PLEASE PROVIDE OTHER PERTINENT INFORMATION (Example: Daycare facility on site, special programs, recent changes in staff, etc.)

DATE OF CHURCH/OFFICIAL BODY APPROVAL _____

Contact name _____
Contact phone _____

SIGNATURES OF OFFICIALS requesting credit card for church/association
(Please refer to governing documents to ensure appropriate officer's signatures.)

Trustee/Officer Date

Trustee/Officer Date

Trustee/Officer Date

Trustee/Officer Date

CERTIFICATE OF RESOLUTION FOR CREDIT CARDS

I, the undersigned Secretary/Clerk of _____ (hereinafter called "Organization"), hereby certify that the following is a true copy of the resolution adopted by: (1) _____ The Membership or (2) _____ The Directors of the Organization in accordance with the Charter, By-Laws, and/or Amendments of the Organization, at a duly called and convened meeting at which a quorum was present and acting throughout the meeting on the _____ day of _____, 200____; and that the said resolution is in full force and effect, never having been modified or canceled:

RESOLVED that this Organization obtain credit card account(s) from Florida Baptist Credit Union. The Organization as holder of the credit cards and accounts assumes responsibility for activity on the accounts and for possession of the credit cards. The Organization fully guarantees all debts incurred in connection with the accounts and the cards used to activate the accounts. The Organization authorizes the following individuals to be holders of credit card accounts in the name of the organization with the accompanying stated limits. By signing below, credit card account holders and the Organization fully understand and agree to be bound by the terms of this agreement.

NAME	LIMIT	SIGNATURE
NAME	LIMIT	SIGNATURE
NAME	LIMIT	SIGNATURE
NAME	LIMIT	SIGNATURE
NAME	LIMIT	SIGNATURE
NAME	LIMIT	SIGNATURE

FURTHER RESOLVED the following employees or officials of the Organization are authorized to designate additional cardholders, cancel individual credit cards or change assigned cardholder limits as desired from time to time staying within the aggregate limit of \$_____. These change requests will be in writing with the signature of any new cardholder and the signature of the authorized individual making the request. It is understood that requests to increase the aggregate limit will be accompanied by a new Certificate of Resolution for Credit Cards with all of the appropriate signatures.

Name	Signature
Name	Signature
Name	Signature

Page Two of Certificate of Resolution for Credit Cards

By signing below the Organization fully understands and agrees to be bound by the terms and conditions as stated on the first page of this Certificate of Resolution.

President/ _____
Trustee _____ Signature _____

Vice President/ _____
Trustee _____ Signature _____

Secretary/ _____
Trustee _____ Signature _____

Treasurer/ _____
Trustee _____ Signature _____

I further certify that the persons listed herein are the Officers or Trustees of the Organization who were duly elected on the _____ day of _____, 200__, to serve for a term to expire on the _____ day of _____, 200__, and as such are authorized to enter into this agreement.

Secretary/ _____
Clerk _____ Signature _____

Date _____