



- Business Credit Card
- Corporate Multi Card

## Business Credit Card Application

### Business Information (please print)

Business name as you would like it to appear on card \_\_\_\_\_

Legal name of business (if different from above) \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Date business established \_\_\_\_\_ Years of current ownership \_\_\_\_\_

Annual gross revenue \$ \_\_\_\_\_ Annual net profit \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_

Type of business:

Sole Proprietorship       General Partnership       Limited Liability Company

Corporation       Limited Partnership       Other (describe) \_\_\_\_\_

Tax ID # \_\_\_\_\_ DUNS # (if available) \_\_\_\_\_ Registration State \_\_\_\_\_

### Cards for You and Your Employees

You may authorize to use your account the person(s) identified as your "authorized user(s)". Each authorized user will be issued a card. The authorized user must affix his or her signature on the reverse side of the card. The persons you list below are designated as authorized users. For each card issued, you must designate an individual credit limit. The individual credit limits will be added to determine the total credit limit (credit limits are subject to approval.)

Cardholder's Name (as you would like it to appear)	SSN	Credit Limit
<b>Total Credit Requested:</b>		

### Authorized Contact

The Authorized Contact will be authorized to access account information on behalf of the Business entity, as well as to make changes to the accounts, including but not limited to, requesting credit line increases and additional cardholders.

First name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Password \_\_\_\_\_

### Owner or Authorized Officer Acknowledgement and Information

Name (please print) \_\_\_\_\_ Title/Position \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gross Annual Salary \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 identity information on each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, social security number, and other information that will allow us to identify you. We reserve the right to request additional information.

### Signature

By signing below, I acknowledge and agree on behalf of the Business entity and myself as the Authorized Officer; (1) that all information provided in connection with this Request Form is correct; (2) that the Bank may investigate and exchange reports regarding information on the Authorized Officer and the Business entity with credit reporting agencies and others; (3) that the account will be used for business purposes only; (4) to all terms of the Business Credit Card Agreement; (5) that my Financial Institution may release information about the Authorized Officer and Business entity and their accounts; (6) that the Business entity and I, personally and in my individual capacity, will each be liable for all charges, fees and finance charges on all the cards and accounts issued pursuant to this request or my other future requests to add additional cards or accounts. (In the case of a non-profit organization, the Authorized Officer will not be personally liable as set forth in #6 above, only the Business entity will be liable.)

Authorized Officer Signature \_\_\_\_\_ Date \_\_\_\_\_