

INFORMATION ABOUT THE BUSINESS

Legal Name of the Business

BILL CODE 31

Visa® Business Card

Check Account (Choice: (Only One)
☐ Sole Owner	☐ Corporation
Partnership	Other

Company Name (DBA Name)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to 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 may also ask to see your driver's license or other identifying documents.

Business Street Address (If mailing	address is differ	ent, please pr	ovide it	on second pa	ige)				Suite Number		
City				State				Zip Code			
Business Phone Number)		Business Web	site		,						
Contact Person Phone				Phone Num	one Number E-mail Addr				ress		
ederal Tax Identification Number		Number o	f Years i	n Business		Annual Busi	Annual Business Revenue				
All holders of twenty percent (2	:0%) or more ow	nership in a	compan	y or partner	ship must o	complete the info	ormation belov	W.	1		
Principal 1 You MUST ii	nitial here if yo	u are apply	ving wi	th Principa	al 2. I inter	nd to apply for	joint credit				
irst Name		Middle	Initial					Business Title			
lome Street Address									Unit Number		
City					State			Zip Code	Zip Code		
Social Security Number			Date of	f Birth <i>(MM/L</i>	DD/YYYY)	E-mail Address			,		
Home Phone Number ()	Work Phone Number			Cell Phone Number			% of Ownership Monthly I		onthly Income*		
Principal 2 You MUST initial here if you a	are applying w	ith Principa	al 1. I i	ntend to a	oply for joi	int credit					
irst Name Middle Initial			Last Name				Business Title				
lome Street Address									Unit Number		
City				State				Zip Code			
Social Security Number			Date of	f Birth <i>(MM/L</i>	DD/YYYY)	E-mail Address					
Home Phone Number	Work Phone Nur	nber		Cell I	Phone Numb	er	% of Ownersh	nip M	onthly Income*		
Alimony, child support, or separate maint	enance income need	not be provided	if you do ı	not wish it to be	considered as	a basis for repaying	this obligation	!			
lease read carefully before signing redit card account in the name of the everally liable with the Business for any be made to verify information, a sue cards as you direct above or as elephone number subsequently proving services, (i) Authorize any firm of nancial information upon request, inderstand and agree that by signing X. Midividual	e Business, (b) Re all charges to the credit bureau repo you direct in the f ided to CB&S Bank individual from we n a form that is ac	epresent that a account, (d) (ort may be obt ruture, (g) Autl k, (h) If you pr whom the Busi cceptable to the have persona	all cards Certify th tained, a horize CE rovide you ness has ne bank, lly guara	issued on the at all informed that informed that informed the second to be a seco	e account wi ation supplie mation regar- contact you o ess, we may requested cr e bound by th	Il only be used for d in or with the Apding the account or the Business at use it to contact yedit to furnish det ne Business Card lextended under t	commercial or oplication is accomay be reported any telephone rough about your a ails of that trar Loan Agreemen	business p curate and I to the cred number incl account and nsaction. Th t that will t	urposes, (c) Agree to be jointly complete, (e) Agree that inqui dit bureau, (f) Request CB&S fluded on this Application or ard tell you about useful product ne Business also agrees to prope sent to you/the Business. You		
X Princinal 1 Signature Title					X		Title				
Principal 1 Signature Title	2		n	ate	Principal	2 Signature	Title		Date		

CREDIT DISCLOSE	JRES										
Annual Percentage Rate for Purchases	9.97%				Grace Period fo of balances fo		25 Days*				
Annual Percentage Rate for Balance Transfers	9.97%				Method of Computing the Average Daily Balance Balance for Purchases Including New Purchase						
Annual Percentage Rate for Cash Advances	9.97%				*A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the previous billing cycle within 25 days from						
Penalty APR		NONE		the closing date of that statement. If you elect not to pay the entire new balance shown on your previous monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges.							
Minimum Finance Charge		NONE									
Annual Fee		NONE									
Balance Transfer Fee	4.0% of the amo	unt transferred, \$5.00	ximum								
Cash Advance Fee	4.0% of the amo	unt transferred, \$5.00	ximum								
Foreign Transaction Fee		NONE									
Late Payment Fee	Up to 5.0% of t	he amount past due,	with a maximum of \$3	5.00	A finance charge will be imposed on Cash Advances from the date made or from the first day						
Over-the-Credit Limit Fee		NONE		of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue on the unpaid average daily balance of such Cash Advances until							
Return Payment Fee		NONE			the date of payment if paid during the same billing cycle, or until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the						
Other Fees		NONE			date of payment if more than 25 days from the closing date. If the new balance shown on your monthly statement for the prior billing cycle is paid in full within 25 days of the closing date						
The information about the costs change. To receive the most up-		ove is accurate as of 8-19-			of that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.						
LIST OF EMPLOYE	ES WHO YOU \	WISH TO RECEI	VE CARDS (Use a	an addit.	ional page if necess	ary)					
	Name to An	pear on Card	Credit Limit		Social Security	Date of Bir		S	Signature		
		, and the care	Orealt Ellint		Number	(MM/DD/YY	YY)		-8.144410		
Principal 1											
Principal 2											
Authorized User 1*											
Authorized User 2*											
TOTAL OF CREDIT LINES	-	THIS SECTION WAS CO	MPLETED BY:								
REQUESTED \$:	Signature:									
The Total must include all B	alance Transfers.	PRINT NAME:			TITLE:						
BUSINESS REFER	ENCES	,									
REFERENCE 1: Company I	Name/Bank Name	e Company/Bank Address									
Phone Number	Contact Name										
REFERENCE 2: Company I	ENCE 2: Company Name/Bank Name Company/Bank Address										
Phone Number											
BALANCE TRANSF	ER		<u> </u>								
Account Number		Amount of Transfer	(Minimum Transfer of	\$500):			T	Name of Creditor	 r		
		The entire amount of the Bal	· · · · · · · · · · · · · · · · · · ·								
Payment Street Address	Payment Street Address City					State Zip					
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)											
Street Address (City			State Zip		Zip		
FOR INTERNAL US	SE ONLY	1		7		·			4		
Account No.		Date Approved	Credit Line		Approved By	No. Cards		Pro. Code	Referred By		