

# VISA COMMERCIAL CREDIT CARD APPLICATION

Select Business Type:  
(Only One)

- Sole Owner  
 Partnership  
 Corporation  Profit  Nonprofit

## Joint Credit Application

If you are an individual or entity applying for credit jointly with another individual or entity, each individual and/or a representative of each entity must initial below to indicate intent to apply for credit:

\_\_\_\_\_

### FOR INTERNAL USE ONLY

Date App. Received \_\_\_\_\_  
 Credit Limit \_\_\_\_\_  
 Personal Banker \_\_\_\_\_  
 Date approved \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 # of Cards \_\_\_\_\_

## COMPANY INFORMATION

Note: All applicable sections should be filled out completely. If not, processing of your application may be delayed.

Name of Company	Company Physical Address	City	State	Zip Code	Tax I.D. Number
Company Mailing Address (if different from above)		City	State	Zip Code	Business Phone
Type of Business	How many years in business?		Overall Corporate Credit Limit requested		

## ISSUE COMMERCIAL CREDIT CARDS TO THE FOLLOWING INDIVIDUALS: Attach additional sheets if necessary

Name	DOB	SS#	Office #	Cell# <sup>1</sup>	Credit Limit requested	<input type="checkbox"/> Check if Cash Advance Eligible
						<input type="checkbox"/> Check if Cash Advance Eligible
						<input type="checkbox"/> Check if Cash Advance Eligible
						<input type="checkbox"/> Check if Cash Advance Eligible
						<input type="checkbox"/> Check if Cash Advance Eligible
						<input type="checkbox"/> Check if Cash Advance Eligible
						<input type="checkbox"/> Check if Cash Advance Eligible

## CENTRALIZED BILLING

Centralized Billing is used when your company is requesting more than 2 cards. If you select Centralized Billing, your company will receive one statement on a monthly basis. All individual cardholder transactions will appear on the Central Billing Statement, allowing your company to submit one payment each month. **NOTE:** Separate statements can still be generated and mailed to the individual cardholders or they can be suppressed.

Would you like Centralized Billing? Yes  No  If yes, do you want monthly statements sent to the individual cardholders in addition to receiving the Central Billing Statement? Yes  No

Do you want the Central Bill sent to the business address listed above? Yes  No

If "No," send the Central Bill to:

Name	Address	City	State	Zip Code
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## REQUIRED DOCUMENTS

Bank reserves the right to require additional financial information.

### DOCUMENTATION FOR CORPORATIONS

- Articles of Incorporation
- By-Laws
- Corporate Resolution
- Past 2 years Financials (audited if possible)

### DOCUMENTATION FOR LIMITED LIABILITY COMPANIES

- Articles of Organization
- Operating Agreement
- Past 2 Years Financials (audited if possible)

### DOCUMENTATION FOR NON-PROFIT

- Operating Agreement
- Corporate Resolution
- Past 2 Years Financials (audited if possible)

Annual Percentage Rate	Annual Membership Fee	Grace Period for Purchases	Late Payment Fee	Up to \$37.00
			Cash Advance Fee	4% of Advance, \$5.00 minimum
VISA Business 12.75% <sup>3</sup>	None	25 Days <sup>2</sup>	Balance Transfer Fee	3% of Transfer, \$5.00 minimum
			Over the Limit Fee	\$35.00
			International Transaction Fee	3% of Transaction

## SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

I am the business owner or am authorized to borrow on behalf of the business.

X \_\_\_\_\_ X \_\_\_\_\_  
 Authorized Applicant Signature Date Authorized Applicant Signature Date

\_\_\_\_\_  
 Printed Name and Title Printed Name and Title

<sup>1</sup>We have found it's good to list the employee's cell phone number, Social Security Number, and Date of Birth on their account within our system This gives us another means of contacting them after hours or on the weekend, in cases where they need to be reached regarding an item that may be presenting against their card and it has triggered the fraud alert system. If we are unable to reach the employee, transactions will continue to be declined until our Security Team is able to speak with someone from your company to verify the transaction. Cell phone numbers are only used for this purpose. Social Security Number and Date of Birth will only be used to identify the caller during inquiries.

<sup>2</sup>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 the closing date of that statement.

<sup>3</sup>VARIABLE RATE DISCLOSURE: The annual percentage rate is effective as of 1/2/2019 and may vary monthly. The rate is determined by adding a margin of 7.25 to the highest Prime Rate as published in the Wall Street Journal on the 1<sup>st</sup> business day of each month. Please contact us for current rates.

**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 information that identifies each person who opens an account. What this means for 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.