



Aggregate Credit Limit Requested \$ _____

COMPANY INFORMATION

Name of Company			Tax I.D. Number	
Company Address	City	State	Zip Code	Business Phone
Type of Business				How many Years In Business?

ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:
 Attach additional sheet if necessary (with signatures)

Last Name	First	Middle	Social Security Number	
Company Title	Driver's License #			Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature				Card Limit: \$
				Date

Last Name	First	Middle	Social Security Number	
Company Title	Driver's License #			Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature				Card Limit: \$
				Date

BANK REFERENCES

Institution Name and Address	Account #	Balance
Institution Name and Address	Account #	Balance
Institution Name and Address	Account #	Balance

CONDENSED BUSINESS FINANCIAL STATEMENT

Bank reserves the right to require additional finance information.

Current Assets \$	Current Liabilities \$
Total Assets \$	Total Liabilities \$
IMPORTANT: THE FINANCIAL STATEMENT OR ANY ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED.	Net Worth \$ (Total Assets Less Liabilities)

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 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.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (check one):

President/Chairman VP Treasurer
 Owner Partner

X _____

Authorized Signature	Title	Date	Print Name
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CREDIT DISCLOSURES

Annual Percentage Rate for Purchases (1)	PRIME + 4.9%	Grace Period for Purchases	25 days*
Annual Membership Fee	\$0.00	Method for Computing the Balance for Purchases	Average Daily Balance Including New Purchases*
Late Payment Fee	\$15.00	(1) Variable Rate - Your rate may vary. The rate is determined by adding the Prime Rate and 4.90% for purchases, balance transfers and cash advances. The Prime Rate used to determine your APR for the billing period ending in any month is the rate published in the Wall Street Journal on the 1st day of the prior month. * 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 billing cycle during which such transactions are posted to your account within 25 days from the closing date of the statement. If you elect not to pay the entire new balance shown on your 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 statement date and will continue to accrue until 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, 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 is determined by adding to the previous balance (the outstanding balance of your account at the beginning of the billing cycle) and new cash advances received and 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. A Finance Charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is posted.	
Over the Limit Fee	\$15.00		
Returned Check Fee	\$15.00		
Cash Advance Fee	2.5%, \$2 minimum/ No Maximum		

At the date this application was printed (shown in the lower left-hand corner) the information listed above and to the right was accurate.

Because rates and terms are subject to change, you may contact us for the current information: 504-522-3203

