

Visa Business Credit Card Application

PLEASE NOTE: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Therefore, Community State Bank (the "Bank") will ask for certain information pertaining to your business (the "Company"), which allows the Bank to identify the Company.



Requested Company Credit Limit

\$

Requested Company Name to be embossed on card *(limit 25 characters)*



COMPANY INFORMATION

Legal Name of Company	DBA Name (if applicable)	Tax ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Physical Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Mailing Address (if different)	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Phone	Years in Business	Fiscal Year-End Month	Gross Annual Revenue	Company Net Worth
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Type of Company (select one)

- Corporation
- Partnership
- Sole Proprietorship
- Other:
- Government
- Non-profit
- LLC

Business Industry (select one)

- Wholesale
- Service
- Manufacturing
- Other:
- Agriculture
- Professional
- Retail

GUARANTOR INFORMATION

All owners with a 20% ownership in the Company must complete. Not required for Non-Profits (skip to Individual Cardholder Information).

Personal Guaranty. For value received and in consideration of the mutual undertakings contained in the Visa Business Card Agreement between the Company named on the attached Application and Bank, the Guarantors absolutely and unconditionally guarantee full and punctual payment and satisfaction of the indebtedness of the Company to Bank, and the performance and discharge of the Company's obligations under the Visa Business Credit Card Agreement and related credit card documents ("Related Documents"). This is a guaranty of payment and performance and not of collection, so Bank can enforce this Guaranty against Guarantor even when Bank has not exhausted Bank's remedies against anyone else obligated to pay the indebtedness or against any collateral securing the indebtedness, this Guaranty, or any other guaranty of indebtedness. Guarantor will make any payments to Bank on demand and will otherwise perform the Company's obligations under the Visa Business Credit Card Agreement and Related Documents.

The word "indebtedness" as used in this Guaranty means all of the principal amount outstanding from time to time and at any one or more times, accrued unpaid interest or fees thereon and all collection costs and legal expenses related thereto permitted by law, and attorneys' fees. "Indebtedness" includes, without limitation, future advances, and transactions that renew, modify or substitute these debts, whether joint or several or joint and several. Bank reserves the right to increase or decrease the initial credit limit assigned to the Company over the life of the Cardholder Agreement according to Bank credit guidelines, which will serve to increase or decrease the amount of the Guaranty. Bank will notify each Guarantor of the new credit line assigned to the Company, except for changes that are temporary and made at the request of the Company or are otherwise not material in amount.

This is a "Continuing Guaranty" under which Guarantor agrees to guarantee the full and punctual payment, performance and satisfaction of the indebtedness of Company to Bank, now existing and hereafter arising or acquired, on an open and continuing basis. Accordingly, any payments made on the indebtedness will not discharge or diminish Guarantor's obligations and liability under this Guaranty for any remaining and succeeding indebtedness even when all or part of the outstanding indebtedness may be a zero balance from time to time.

All personal information provided to the Bank is for the purpose of obtaining credit for the Company or for the purpose of guaranteeing credit for others. In addition, each individual signing below authorizes the Bank to check his/her individual credit account and employment history and have a credit reporting agency prepare a credit report on him/her.

The undersigned declares that he/she has read and understands the statements above and that the information provided with respect to him/her on the following page is true and accurate.

Guarantor 1

First Name M.I. Last Name

Residential Address City State Zip

Social Security Number Date of Birth Ownership Email Address

Home Phone Mobile Phone Office Phone

Signature Title Date

Guarantor 2

First Name M.I. Last Name

Residential Address City State Zip

Social Security Number Date of Birth Ownership Email Address

Home Phone Mobile Phone Office Phone

Signature Title Date

Guarantor 3

First Name	M.I.	Last Name		
Residential Address	City	State	Zip	
Social Security Number	Date of Birth	Ownership %	Email Address	
Home Phone	Mobile Phone	Office Phone		
Signature	Title	Date		

Guarantor 4

First Name	M.I.	Last Name		
Residential Address	City	State	Zip	
Social Security Number	Date of Birth	Ownership %	Email Address	
Home Phone	Mobile Phone	Office Phone		
Signature	Title	Date		

Guarantor 5

First Name	M.I.	Last Name		
Residential Address	City	State	Zip	
Social Security Number	Date of Birth	Ownership %	Email Address	
Home Phone	Mobile Phone	Office Phone		
Signature	Title	Date		

INDIVIDUAL CARDHOLDER INFORMATION

First Name	M	Last Name	SSN	Mobile Phone	Email	Date of Birth	Limit
							\$
							\$
							\$
							\$
							\$
							\$

(Attach additional sheets if necessary)

AUTHORIZED REPRESENTATIVE

The individual(s) listed below is/are authorized to conduct maintenance activities on behalf of the Company. The Company is responsible for providing written notification to the Bank of any changes to the Authorized Representative authorized below.

First Name	Last Name	Mobile Phone	Email

ONLINE PLAN ADMINISTRATOR

The Online Plan Administrator will receive online access to the Company's business credit card accounts via www.ezbusinesscardmanagement.com. The individual(s) listed below is authorized to conduct maintenance activities on behalf of the Company. The Company is responsible for providing written notification to the Bank of any changes to the Plan Administrator(s) authorized below.

First Name	Last Name	Mobile Phone	Email	Full Rights -or- View Only	
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

PAYMENT OPTIONS

Select Payment Method

Consolidated Payments

- Control account is established for the Company.
- Sales initiated by sub-accounts post nightly to the control account.
- Plan admin(s)/controller(s) have online access to control account and all sub-accounts.
- Sub-accounts receive courtesy statement monthly showing transactions, but no balance owed.
- Payments are made only to the control account.
- Plastics embossed with Company and individual user name for sub-accounts only.
- Credit limits set at control level and sub-account level.
- Control account receives monthly billing statement with each sub-account's transactions itemized and subtotaled.

Individual Payments

- Sales post to each individual credit card account.
- Plan administrator(s)/controller(s) have online access to all accounts.
- Individual accounts receive a monthly statement of balance owing.
- Payments are made to each individual account.
- Each card has its own assigned credit limit.
- Plastics embossed with both the Company and individual user name.

Request for Preauthorized Automatic Monthly Payments (Optional)

Please make the following automatic monthly payment to the Company's new business credit card account from the checking or savings account as listed below on the payment due date shown on each monthly statement for the following amount:

Minimum Payment Statement Balance Fixed Payment: \$

Financial Institution

Transit Routing Number

Checking Savings

Please indicate if you prefer a special Statement Cycle.

Statements default to cycle on the last day of each month with a payment due date of the 25th of the following month.

AUTHORIZED SIGNATURES

Visa Business Card Agreement

By completing this Application and agreeing to this Visa Business Card Agreement, you, as an individual(s) authorized to borrow on behalf of the Company ("Authorized Signer"), for and on behalf of the Company, request that Bank establish one or more Visa Business Card Accounts (each an "Account") for the Company and issue a Visa Business Card ("Card") to the Company or to each individual employee or agent accessing such Account. When issued, the Card(s) will permit the Company to make purchases and obtain cash advances, by the Company itself or through the individual users, which will constitute extensions of credit by Bank for which the Company will be obligated to make repayment.

If this Application is accepted and a Card(s) issued, the Company will be bound by the terms and conditions within the Interest Rates and Interest Charges and Terms and Conditions of Use accompanying the approval notification, as well as by the terms of this Visa Business Card Agreement (together, the "Cardholder Agreement"). The Company shall be responsible and liable for any unauthorized use of any Card(s) issued to the Company pursuant to an established Account regardless of the circumstances. It is the Company's responsibility to repay all extensions of credit accessed by a Card issued under the Cardholder Agreement, whether the use was authorized or unauthorized. Bank will look solely to the Company for repayment of advances, fees, and finance charges, as well as any collection costs and other costs attributable to the Company under the Cardholder Agreement. The Company must secure Card(s) from terminated users.

Each extension of credit provided to the Company in connection with the use of the Cards constitutes a future advance under any loan agreement between Bank and the Company, and col-lateral pledged by the Company to secure indebtedness to Bank, including after-acquired collateral, will secure advances of credit by Bank under the credit card extension of credit, subject to the terms of the loan agreement under which the Company granted the security interest. Bank reserves the right to increase or decrease the initial credit limit assigned to an Account over the life of the Account according to Bank credit guidelines and Account history. The Company will be notified of any new credit line assigned to the Account, except for changes that are temporary and made at the request of the Company or are otherwise not material in amount. No modification may be made to any part of the Cardholder Agreement and any loan agreement except in writing executed by the Company and Bank.

Bank is authorized to verify the statements contained herein and investigate, obtain, and exchange reports and information regarding this Application and resulting Accounts with credit reporting agencies and others with legitimate business need for such reports or information in order to approve or decline this Application, service the Account(s) and manage the relationship between the Company and Bank. The Company shall provide financial information and other information requested by Bank from time-to-time. Information from the Application may be shared with Bank affiliates.

Bank may provide the Company with all legal and other disclosures, notices, and other communications with respect to the Account(s) and Card(s) in electronic form. Bank may notify the Company of any future notices by sending an alert to the email address the Company provided above or by other electronic/online notification method.

Each Authorized Signer represents and warrants to Bank that:

- The Company has taken all steps required by its organizational documents to approve this borrowing and authorize each Authorized Signer to act on behalf of the Company.
- The specimen signature set forth below for each Authorized Signer is the true signature of said Authorized Signer.
- The information provided herein is accurate.
- All Accounts established and Card(s) issued hereunder shall be used solely for business purposes.

By signing, each Authorized Signer certifies that the execution, delivery and performance of this Application and the Visa Business Card Agreement have been duly authorized by all necessary corporate action by the Company and will provide evidence of such action upon request.

Company Name

Printed Name

Printed Name

Title

Title

Signature

Date

Signature

Date



Beneficial Ownership Certification

Branch: _____

Certification of Beneficial Owners of Legal Entity Customers

TIN: _____

Account Number: _____ Account Name: _____

A. Persons opening an account on behalf of a legal entity must provide the following information:

Name of Person Opening Account _____

Title of Natural Person Opening Account _____

Name of Legal Entity for Which the Account is being Opened _____

Full Address of Legal Entity for Which the Account is Being Opened _____

B. OWNERSHIP PRONG: The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

Not Applicable - no individual meets this definition or non-profit/charity, but the control individual is to be completed in paragraph "C".

_____	_____	_____	_____	_____
Name	Date of Birth	Social Security Number	ID Type	ID #
_____	_____	_____	_____	_____
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	

_____	_____	_____	_____	_____
Name	Date of Birth	Social Security Number	ID Type	ID #
_____	_____	_____	_____	_____
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	

_____	_____	_____	_____	_____
Name	Date of Birth	Social Security Number	ID Type	ID #
_____	_____	_____	_____	_____
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	

_____	_____	_____	_____	_____
Name	Date of Birth	Social Security Number	ID Type	ID #
_____	_____	_____	_____	_____
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	

C. CONTROL PRONG: The following information for one individual, with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or

- Any other individual who regularly performs similar functions

If appropriate, an individual listed under section (b) above may also be listed in this section (c).

_____	_____	_____	_____	_____
Name /Title	Date of Birth	Social Security Number	ID Type	ID #
_____	_____	_____	_____	_____
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	

D. Verbal Confirmation - New Account (after the first account is opened and the original certification form is signed)

_____ spoke with _____ on _____
Bank Employee Name Customer Name Date

and he/she verbally verified to the best of their knowledge, that the information provided above is complete and accurate.

Bank Employee Signature

I, _____ (name of natural person opening account) hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Customer Signature

Date Signed

Bank Representative

Date