



Business Charge Card

Application & Agreement

Please note: Park State Bank Business Visa® Charge Card requires the statement balance to be paid in full each month.

Credit Limit Requested: \$ _____ Number of cards requested: _____ **We intend to apply jointly for this card**
 (Please initial here). _____

Requested Financial Information

- Personal Financial Statement(s) required on business owners
- Tax Returns last 2 years for the Business

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 you for your name, address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

TELL US ABOUT YOUR BUSINESS

| | | |
|--|---------------------|-------------------------------|
| Legal Name of Business: | | Date Business Established: |
| Nature of Business: | | Nature of Years in Business: |
| Phone: | Fax: | E-mail/Website address: |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Business Name as it should appear on card: | | |
| Business Tax Payer ID: | Sole proprietorship | Partnership Corporation Other |

CARDS TO BE ISSUED TO

| | Name | Limit | Cash Access Y or N | Full SSN | Date of Birth | Cell Phone (for fraud monitoring alerts) |
|----|------|-------|-----------------------|----------|---------------|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

Program Manager(s) (authority to request additional credit, new cardholders, and changes to any of your accounts):

| | | | | |
|----------------------------|-----------------------------|---|--------|------|
| Name: | SSN: | E-mail: | Phone: | Fax: |
| Name: | SSN: | E-mail: | Phone: | Fax: |
| Billing Preference: | Centralized Billing: | One monthly statement itemizing all cardholder activity | | |
| | Individual Billing: | Monthly statements for each cardholder | | |

TELL US ABOUT YOURSELF

| | | | |
|---|-------|--------------------|----------------|
| First/Middle/Last Name: | | Social Security #: | Date of Birth: |
| Street Address: | | | |
| Mailing Address: | | | |
| City: | | State: | Zip Code: |
| Home: | Cell: | Fax: | E-mail: |
| Job Title as Authorizing Officer: President Owner Vice President Member Treasurer Partner | | | |

INTEREST RATE AND INTEREST CHARGES

| | |
|---|---|
| APR for Cash Advances | 14.75% This APR will vary with the market based on the Prime Rate. |
| Penalty APR on Purchase Balances and When it Applies | 14.75% This APR will vary with the market based on the Prime Rate. This APR will be applied to your account if you fail to pay the entire balance in full on or before the due date. This APR will apply until the entire balance is paid in full. |
| How to Avoid Paying Interest | We will not charge you any interest on purchases if you pay your entire statement balance by the due date each month. The Interest Charge on Cash Advances begins from the date you obtained the cash advance. The Interest Charge on Balance Transfers begins from the date the transaction is posted to your account. |

FEES

| | |
|---|---|
| Annual Membership Fee <i>waived for the first year on all new business accounts</i> | \$50.00 |
| Transaction Fees | |
| Cash Advance | 2.0% of the dollar amount advanced (minimum charge of \$1.00) |
| Foreign Transaction(s) | 1.0% of the U.S. Dollar amount of each transaction if there is a currency conversion. 1.0% if the transaction is international without a currency conversion. |
| Balance Transfers | None |
| Other Fees | |
| Replacement Card Fee | \$10.00 |
| Expedited Card Delivery Fee | \$37.50 |
| Statement Copy Fee | \$5.00 |
| Annual Statement Fee | Detailed annual statement available upon request \$5.00 |
| Penalty Fees | |
| Over the Credit Limit | Up to \$25.00 |
| Returned Payment | \$20.00 |
| Late Payment | 5% of the past due balance or \$35.00 , whichever is greater, up to \$50.00 |

How We Will Calculate Your Balance:

We use a method called "average daily balance (including current transactions)." See your account agreement for further information regarding how we calculate your balance. Scorecard® bonus points have a 36 month expiration term.

AGREEMENT

By signing below, I certify that I am the owner, officer, or partner of the company with the authority to bind the Business to the terms of the Park State Bank Visa® Business Charge Card Agreement. This Application and Agreement is subject to the credit policies of this institution and is submitted to obtain credit, and I certify that all information herein is true and complete. I agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. I agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the Applicant if the Application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the Applicant's use.

By signing below, I certify that I am authorized to submit this Application on behalf of the business named above and that all information and documents made in connection with this Application, including federal and state income tax returns (if any), are true, correct, and complete. I agree to notify Bank promptly of any material change in such information. I acknowledge that this Application is subject to final approval of the Applicant and its owners, and that additional information (financial statements and/or tax returns) may be required in order for the Bank to make a final credit decision, and may be requested annually for review. I also authorize Bank, without notice or prior consent, to extend, modify, compromise, accelerate, renew, increase, or otherwise change the terms of the guaranteed indebtedness.

Authorized Applicant's Signature

Printed Name & Title

Date

PERSONAL GUARANTY

I unconditionally guaranty in my individual capacity to be jointly and severally liable with the Business for all charges to the account including those by authorized users and all balances incurred on all cards and accounts issued pursuant to the Application now and for such additional accounts that may be established in the future. I agree I will pay Bank's costs and attorney's fees in enforcing this guaranty; this guaranty shall benefit Bank and its successors and assigns; and an electronic facsimile of my signature, in any capacity, may be used as evidence of my agreement to the terms of this guaranty.

Authorized Applicant's Signature

Printed Name & Title

Date

For Internal Use Only

Referred By: _____

Approved By: _____

Date Received: _____

Date Approved: _____

Branch #: _____

Credit Line: _____