

**BUSINESS VISA  
APPLICATION**



Total Credit \_\_\_\_\_  
Line Approved: \_\_\_\_\_  
Officer \_\_\_\_\_  
PB \_\_\_\_\_

**Type of Account**

- VISA Business
- VISA Business Rewards with UChoose Reward Points

**Type of Business**

- CORPORATION
- SOLE PROPRIETOR
- GOVERNMENT
- PARTNERSHIP
- NON-PROFIT
- LLC
- OTHER \_\_\_\_\_

Company Name \_\_\_\_\_  
Company Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Company Tax ID # \_\_\_\_\_ Company Phone # \_\_\_\_\_  
Type of Business \_\_\_\_\_ Years as current owner \_\_\_\_\_  
Do you have other accounts with the State Bank of Cross Plains?  Yes  No  
Other Banking Relationships with \_\_\_\_\_

**Authorizing Officer**

*You must be one of the following, please check one:*

- President
- Vice President
- Secretary
- Other \_\_\_\_\_
- Treasurer
- Owner
- Member

**Name of Authorizing Officer** \_\_\_\_\_  
Home Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Household Income \$ \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_

*You must be one of the following, please check one:*

- President
- Vice President
- Secretary
- Other \_\_\_\_\_
- Treasurer
- Owner
- Member

**Name of Authorizing Officer** \_\_\_\_\_  
Home Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Household Income \$ \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_

*Personal Guarantees of owners may be required.*

**Additional Cards**

*Please indicate credit line requested for each cardholder.*

*For Additional cards please request an Additional Cards Authorization Form.*

- 1 Name of additional card member \_\_\_\_\_  
Title \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_
- 2 Name of additional card member \_\_\_\_\_  
Title \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_

**Signature**

*This application must be signed by an owner, officer(s) or partner(s) of the company with the authority to bind the company to the terms of this agreement. Title must be indicated.*

*I have read and agree to the terms of the agreement and disclosures printed on the back of this application.*

\_\_\_\_\_  
Signature of authorizing officer Title Date  
\_\_\_\_\_  
Signature of authorizing officer Title Date

<b>Credit Disclosures</b>	
<b>Annual Percentage Rate for Purchases</b> 14.88%	
<b>Annual Membership Fee</b> \$35.00 - VISA Business \$60.00 - VISA Business Rewards	
<b>Grace Period For Purchases</b> 25 days; none for cash advances	
<b>Method of Computing the Balances for Purchases</b> Average daily balance excluding new purchases	
<b>Late Payment Fee</b> \$15.00 on outstanding balances of less than \$100.00, \$29.00 on outstanding balances of \$100.00 - \$250.00, \$39.00 on outstanding balances greater than \$250.00	<b>Cash Advance Transaction Fee</b> 3% of the amount of the advance or \$10.00 minimum
<b>International Transaction Fee</b> 1% of the U.S. dollar amount of the transaction, whether originally made in U.S. dollars or converted from a foreign currency.	<b>Minimum Monthly Payment</b> \$15.00 or 2% (whichever is greater)

I agree that the State Bank of Cross Plains has the right to obtain personal and business credit reports in connection with a request for a new account, the renewal of my account, a change in my credit line, or when they review my account (includes spouse if you live in a community property state). The State Bank of Cross Plains has the right to report its credit experiences with me to a third party. Upon my request, you will tell me the name and address of each reporting agency from which you obtained a report about me. The State Bank of Cross Plains will review my credit history and company information to determine if the Company qualifies for a Visa and if so, the credit line.

I understand and agree that the State Bank of Cross Plains may verify the information I have provided to determine the credit line to be issued on my account.

Liability for obligations on the account are as follows: The company and Card member acknowledge and agree that (1) the Company (or Sole Proprietor, as applicable); and (2) the Authorizing Officer and (3) any officer of the Company who is an Additional Card Member are jointly and severally liable for the charges and balances for all accounts established in the name of the Company, whenever such accounts may be established, and agree that each Additional Card member is liable for all charges and balances of his/her account.

### **UChoose Rewards Program**

The State Bank of Cross Plains VISA Business Rewards card offers a UChoose reward Point Program. For every dollar in net purchases that the account holder charges to an account covered by the UChoose Reward Point Program, one reward point will be earned. The points will accrue monthly on the account holder's statement.

The UChoose Reward Points can be used for merchandise, travel or cashback rewards.

The State Bank of Cross Plains reserves the right to change the benefit features associated with our card at any time. Omission of any information requested on the Application may be reason for denial of an account. I understand that the use of any card will be subject to the terms and conditions of the State Bank of Cross Plains Card member agreement. The information about the costs on the card described in this application is accurate as of May 10, 2017. This information may have changed after the printing date. You may contact us for the current information by writing to the State Bank of Cross Plains, 1205 Main Street, Cross Plains, WI 53528.