



VISA BUSINESS REWARDS CREDIT CARD APPLICATION

This Business Credit Card Application is subject to your agreements and representations included on page 2 of this document

| | | | | | | |
|--------------------------------|--|--|---|------------------------------------|-----------------------|------------------------|
| Business information | Legal Business Name | | Company Name to Appear on Card | | Federal Tax ID Number | |
| | Physical Business Street Address (Include Number, Street, City, State, and Zip Code. Do not use PO Box.) | | | | | |
| | Mailing Address (if different from Physical Address, above) | | | | Website Address (URL) | |
| | Business Phone Number () | | Date Business Established | | Business Description | |
| | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corp or Subchapter S Corp. <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Ltd Liability Company <input type="checkbox"/> Not-for-Profit/Govt. <input type="checkbox"/> Association | | | | | |
| Authorizing Officer | Name | | | Social Security No | | |
| | Address | | | Date of Birth | | |
| | Email | | | Position/Title | | |
| | Phone () | | | Business Ownership | | |
| | Officer Annual Income: | | | Other Income: | | |
| Card Options and Account Setup | Credit Limit Requested \$ | | <input type="checkbox"/> Individual Billing (Each Individual Cardholder will receive a separate bill and submit individual payments.) <input type="checkbox"/> Consolidated Billing (Activity for all individual cards will appear on one statement by last 4-digits of card number. You will submit one payment.) | | | |
| | <input type="checkbox"/> Instant Issue <input type="checkbox"/> Mailed (5-7 business days) | | <input type="checkbox"/> Business Logo <input type="checkbox"/> Stock Image | | | |
| | Pickup Location | | *Image file must be in a .jpeg, aspect ratio 3:2, minimum resolution of 1015 X 640. Landscape images are recommended. | | | |
| | NAME OF INDIVIDUALS TO BE ISSUED CARDS | | | | | |
| | Name of Employee | | Contact Number | Used to verify Cardholder Identity | | Individual Card Limit: |
| | | | Last 4 Digits of SSN | Date of Birth | | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| Supporting Documentation | With this completed and signed Visa Business Credit Card Application: | | | | | |
| | Please provide; Filed Articles and Bylaws (Corporation), Operating Agreement (LLC), Partnership Agreement (LLP), or meeting minutes authorizing borrowings (Non-profit, Government Entity) If requested amount >\$25,000 please provide: <ol style="list-style-type: none"> 1. Most recent 2 years Business Tax Returns <u>or</u> Fiscal Year End Income Statements & Balance sheets. 2. Verification of income or any owner 20% or more. (tax return, W-2 or 2 months recent paystubs)* 3. Current Personal Financial Statement of any owner 20% or more.* <p style="text-align: center;">*2 and 3 N/A for Non-Profit, Government Entity, and Association</p> | | | | | |

ORGANIZATION RESOLUTION AND AGREEMENT FOR CREDIT CARD PROGRAM

_____, who is the undersigned Recordkeeper
For _____.(the "Organization").

a _____(type of entity)organized under the laws of _____(state). Does hereby certify:

- 1. That he/she is the Secretary or Assistant Secretary, or an officer, partner, owner, principal, manager, member or other person having lawful custody of the official records of the above Organization (the "Recordkeeper") and is authorized to provide this document to State Bank of Cross Plains, ("Bank").
2. That at a meeting of the governing body of the Organization duly held on _____(date) and at which a quorum Was present and acting throughout, or pursuant to the unanimous written consent of its members, the following Resolution and Agreement was duly adopted and approved and is currently in full force and effect, and has not been amended or rescinded:

RESOLVED, that a credit card authority for this Organization be established by the Designated Officer named in the section immediately below with State Bank of Cross Plains, and that separate accounts and credit cards ("Cards") under the said authority be opened and issued by Bank in the name of this Organization for use by employees and agents of the Organization who are identified from time to time by the Designated Officer, or by any successor to the Designated Officer identified from time to time by the Recordkeeper (or by the successor to the Recordkeeper), and that the Organization authorizes the use of the Cards in accordance with the Cardholder Agreement that is provided by Bank after approval.

RESOLVED FURTHER, that _____is the Designated Officer referred to in the above section of this Resolution, and that the Designated Officer or any successor to the Designated Officer designated in writing by the Recordkeeper (or by a successor Recordkeeper) may from time to time: request that Cards be issued in the name of this Organization; request that the credit limits and purchase controls be changed on existing Cards issued in the name of this Organization; designate additional persons authorized to use Cards issued by Bank in the name of the Organization; request termination of use of existing Cards; and communicate other pertinent information to Bank; and

RESOLVED FURTHER, that the forgoing resolution shall remain in full force and effect until written notice of an amendment or rescission thereof is delivered to and received for by Bank; and

RESOLVED FURTHER, that the Recordkeeper be and he/she is hereby authorized and directed to certify to Bank this resolution and that the Recordkeeper signing this Resolution and Agreement or any person designated in writing by the Recordkeeper, is authorized to certify to the Bank the names and signatures of person authorized to act on behalf of the Organization under the foregoing Resolution and Agreement, and from time to time hereafter, as additions to or changes in the identity of said Recordkeeper are made, such Recordkeeper or designee shall immediately report, furnish and certify such changes to the Bank, and shall submit to Bank a new incumbency certificate or the other document reflecting such changes in order to make such changes effective; and

RESOLVED FURTHER, that the foregoing resolution was adopted in accordance with the governing documents of the Organization, and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, the undersigned Recordkeeper has subscribed his or her name and, if appropriate or required, applied in the seal of the Organization to this Resolution and Agreement as of this _____day of _____,

REQUIRED AUTHORIZED SIGNERS

Signature by Secretary, Assistant Secretary, or other Person certifying to this Resolution and Agreement

Signature _____ Date _____
Name (print): _____
Title (print) _____

ADDITIONAL OFFICER

Signature by Second Person, certifying to incumbency of Authorized Signer(s)

Signature _____ Date _____
Name (print) _____
Title (print) _____

REQUIRED AUTHORIZED SIGNERS

Signature by Secretary, Assistant Secretary, or other Person certifying to this Resolution and Agreement

Signature _____ Date _____
Name (print): _____
Title (print) _____

REQUIRED AUTHORIZED SIGNERS

Signature by Secretary, Assistant Secretary, or other Person certifying to this Resolution and Agreement

Signature _____ Date _____
Name (print) _____
Title (print) _____

Disclosure Information

| | |
|---|--|
| Annual Percentage Rate ("APR) for Purchases | 0.00% introductory APR for six months. After that your APR will be 14.88% |
| APR for Balance Transfers | 0.00% introductory APR for six months. After that your APR will be 14.88% |
| APR for Cash Advances | 21.99% |
| Annual Membership Fee | None |
| Grace Period For Purchases | 25 days; none for cash advances |
| Method of Computing the Balances for Purchases | Average daily balance excluding new purchases |
| Penalty Fees Late Payment Return Payment | \$39.00 |
| Cash Advance Transaction Fee | 3% of the amount of the advance or \$10.00 minimum |
| International Transaction Fee | 1% of the U.S. dollar amount of the transaction, whether originally made in U.S. dollars or converted from a foreign currency. |
| Minimum Monthly Payment | \$15.00 or 2% (whichever is greater) |

Rewards Program: The State Bank of Cross Plains Visa Business card offers a Rewards Program. For every dollar in net purchases that the account holder charges to an account covered by our Rewards Program, one bonus point will be earned. The points will accrue monthly on the account holder's statement. The Rewards earned can be used for travel, merchandise, gift cards, or for cash back.

