



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	
			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, Association) 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="margin-left: 20px;">*2 and 3 N/A for Non-Profit, Government Entity, and Association</p>				

VISA BUSINESS CREDIT CARD APPLICATION

YOUR AGREEMENTS AND REPRESENTATIONS GOVERNING THIS CREDIT CARD APPLICATION

Intent of this	INTENT OF APPLICATION. The business entity (the "Company") identified on page 1 hereby requests State Bank of Cross Plains, Cross Plains, Wisconsin, or its successors or assigns ("SBCP") to establish a credit card authority for the Company pursuant to which SBCP will open one or more credit card accounts ("Account(s)") in the name of the Company and will issue one or more commercial credit cards or card numbers (each a "Card") to the Company and/or the employees or agents of the Company (collectively "Employees") to be used for Company related business, commercial or agricultural purposes. Officer/Owner who signs below or on behalf of the Company represents that he or she is duly authorized by the Company to sign this Agreement and to bind the Company to the <i>Company Agreement Concerning Card Issuance</i> set forth herein.		
Company Agreement Concerning Card Issuance	COMPANY'S AGREEMENTS CONCERNING CARD ISSUANCE. If State Bank of Cross Plains approves Company's request, SBCP will inform the Company of the amount of the Company's credit card authority. SBCP will rely on the information provided in this form and any attached sheets regarding (a) the number of Accounts to open; (b) the requested credit limit for each Account; (c) the identity of employees whose names are to be printed on Cards, in addition to the Company's name; (d) where to send copies of the monthly statements for each Account; and (e) other pertinent information. SBCP will then issue Cards in accordance with the credit authority established for the Company. Subsequently, the Company shall give SBCP notice of the same information for additional Employees authorized to use Cards, requested changes in credit limits for Accounts, and of termination by the Company of an Employee's authorization to use a Card. SBCP will not be obligated to recognize changes, additions, deletions or other information contained in a notice until after receiving the notice and having had a reasonable period of time thereafter to act thereon. Upon the issuance of Cards, as set forth herein, (i) the Company, by using or authorizing Employees to use Cards, will be deemed to be in agreement, and will comply with all of the terms and conditions stated in the Credit Card Disclosure Agreement that is provided after approval. (ii) the Company will instruct Employees who use Cards to use them in accordance with this Agreement; (iii) the Company will pay when due all charges made to each Account; (iv) SBCP may answer questions and give information to others concerning SBCP's credit experience with the Company. The Company authorizes SBCP to investigate the Company's creditworthiness and payment history and to otherwise verify the information contained in this form. The Company certifies that all information contained in this form is true and correct.		
Required Notices	IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT- To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To process the Application, we must have your name, street address, date of birth and other identifying information, and we may ask for identifying documents from you as well. NOTICE. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation (FDIC), Customer Response Center, 1100 Walnut St, Box #11, Kansas City, MO 64106		
Officer Owner	OFFICER / OWNER'S REPRESENTATIONS. Owner/Officer of the Business signing below certifies that: (1) the information provided in this Application with respect to the Business (including any attachments) is true, correct and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this application on behalf of Business; and (4) SBCP is hereby authorized, from time to time at its discretion, to check the credit history of Business and the personal credit and employment history of each person signing this application, and to answer questions about Bank's credit experience with Business and each such person.		
Signature	BY: _____ Signature as Authorizing Officer of Business Printed Name Date Signed		
Guaranty	GUARANTY. (Required for all owners 20% or more) Each person signing below (a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to SBCP all indebtedness of the Company, identified above, at any time arising under or relating to any credit requested through this <i>VISA Business Rewards Credit Card Application</i> , as well as any extensions, increases or renewals of that indebtedness. Each Guarantor waives (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Company or other Guarantor, and (iii) the right to require SBCP to proceed against the Company or any other Guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify Guarantor of any additional indebtedness incurred by the Company, or any changes in the Company's financial condition. Each Guarantor also authorizes SBCP, without notice or prior consent, to (i) extend, modify compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii) proceed against one or more Guarantors without proceeding against the Company or another Guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. Each Guarantor agrees (i) to pay SBCP's costs and attorney's fees in enforcing this guaranty; (ii) this guaranty shall benefit SBCP and its successors and assigns; and (iii) an electronic or facsimile of Guarantor's signature, in any capacity, may be used as evidence of Guarantor's agreement to the terms of this guaranty. This is a guaranty of payment and not of collection and the Guarantor's liability hereunder shall be primary, direct and immediate. This Guaranty shall be governed by and construed in accordance with the laws of the State of Wisconsin.		
Guarantor Signature	BY: _____ Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed		
	BY: _____ Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed		
	BY: _____ Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed		
	BY: _____ Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed		
Bank Use Only:	Branch: _____ Banker: _____ Company's Approved Aggregate Outstanding Credit of all cards issued not to exceed \$ _____		

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	14.88%
APR for Balance Transfers	14.88%
APR for Cash Advances	14.88%
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
Late Payment	\$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
Return Payment	\$15.00
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.



ADDITIONAL CARDHOLDER REQUEST

Name of Employee	Contact Number	Last 4 digits of SSN	Date of Birth	Individual Card Limit

Authorizing Officer of Business

BY: _____
Signature as Authorizing Officer of Business Printed Name Date Signed

Bank Use Only

Business Name	EIN	Relationship Limit	Port Number