

Business Credit Card Application

Referring Employee: _____

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

Credit Limit Requested: _____ Credit Line Increase: _____ If you intend to apply for joint credit, please initial here: Applicant _____ Co-Applicant _____

INFORMATION ABOUT BUSINESS/ENTITY

Legal Name: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address (if different than above): _____
 Business Phone: _____ Additional Phone: _____ Entity Type: _____
 Tax ID Number: _____ Total Monthly Payments: _____
 Net Income: _____ E-Mail: _____ Gross Annual Revenue: _____

GUARANTORS (IF ADDITIONAL GUARANTORS EXIST, ATTACH SEPARATE SHEET)

Guarantor Name #1: _____ Date of Birth _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address (if different than above): _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 % Owner: _____ Title: _____
 Total Monthly Income (not included above): _____ Total personal debt (monthly pmts): _____
 E-Mail: _____ SSN: _____

Guarantor Name #2: _____ Date of Birth _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address (if different than above): _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 % Owner: _____ Title: _____
 Total Monthly Income (not included above): _____ Total personal debt (monthly pmts): _____
 E-Mail: _____ SSN: _____

SIGNATURE: I am personally guaranteeing this debt of the business/entity listed above. If the business entity does not repay, I understand that I am personally liable to do so.

Guarantor Name #1	Date	Guarantor Name #2	Date

Issue cards to the following individuals (If additional cards are needed, attach separate sheet. All cards will be issued in the business/entity name, with the persons on the 2nd line.)

Individual #1: _____	Amount of Total Credit Limit to be assigned to this individual's card \$ _____
Individual #2: _____	Amount of Total Credit Limit to be assigned to this individual's card \$ _____
Individual #3: _____	Amount of Total Credit Limit to be assigned to this individual's card \$ _____
Individual #4: _____	Amount of Total Credit Limit to be assigned to this individual's card \$ _____

INTEREST RATE AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases	11.96%
APR for Balance Transfers	11.96%
APR for Cash Advances	11.96%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. You will not be charged interest on purchases and balance transfers if you pay your entire balance by the due date each month. You will be charged interest on cash advances from the transaction date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .

FEES

Annual Fee	NONE!
TRANSACTION FEES	
Balance Transfer Fee	NONE!
Cash Advance Fee	Greater of \$5 or 1.5% of cash advance amount. Maximum fee of \$200 per occurrence.
PENALTY FEES	
Late Fee	\$18.50 if the minimum payment is not satisfied within 10 days of the due date.
Over-Limit Fee	NONE!
Returned Payment Fee	\$20.00

How Will We Calculate Your Balance

We use a method called "Average Daily Balance (including new transactions)."
 An explanation will be provided in your cardholder agreement.

Would you prefer to be billed the entire amount owing, or our standard billing calculation (greater of 3% of balance or \$20)? (Circle One)

SIGNATURE: I certify that everything I have stated in this application is correct. By signing below, I authorize you to verify any information listed above as well as the credit history of any potentially obligated entity or individual. I also understand that if a payment is delinquent, the creditor could withdraw owed funds from the deposit account of an obligated entity/individual. I understand that I must update credit information at your request if my financial condition changes.

Applicant	Title	Date	Co-Applicant	Title	Date

If corporate Articles, Operating Agreement or By Laws are not on file with First Harrison Bank, please forward with application.

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card.

Account Number	Amount to be Transferred \$
_____	_____
_____	_____
_____	_____

INTERNAL USE ONLY

Officer Approval: _____ Date Approved: _____