

# 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: \_\_\_\_\_ Increase - Total Limit Requested: \_\_\_\_\_ If you intend to apply for joint credit, please initial here: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

How would you prefer to be billed? (Check One)  The entire amount owing OR  Our standard billing calculation (greater of 3% of balance or \$20)?

## 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 Signature #1 \_\_\_\_\_ Date \_\_\_\_\_ Guarantor Signature #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: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Amount of Total Credit Limit to be assigned to this individual's card \$ \_\_\_\_\_

Individual #2: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Amount of Total Credit Limit to be assigned to this individual's card \$ \_\_\_\_\_

Individual #3: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Amount of Total Credit Limit to be assigned to this individual's card \$ \_\_\_\_\_

Individual #4: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Amount of Total Credit Limit to be assigned to this individual's card \$ \_\_\_\_\_

## INTEREST RATE AND INTEREST CHARGES

<b>Annual Percentage Rate (APR) for Purchases</b>	<b>11.96%</b>
<b>APR for Balance Transfers</b>	<b>11.96%</b>
<b>APR for Cash Advances</b>	<b>11.96%</b>
<b>How to Avoid Paying Interest on Purchases</b>	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.
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<b>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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>.</b>

## FEES

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

## 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.

**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 \$ _____	Close the Account? (circle one)
_____	_____	YES / NO
_____	_____	YES / NO
_____	_____	YES / NO

## INTERNAL USE ONLY

Officer Approval: \_\_\_\_\_ Date Approved: \_\_\_\_\_