

Check Account Choice: (Only One) Sole Owner Corporation LLC Partnership

Total Credit Limit Requested (must not exceed the total of individual limits) \$ _____

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. What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

COMPANY INFORMATION

Name of Company		Tax I.D. Number	
Company Address			Business Phone
Type of Business			Years in Business

ISSUE BUSINESS CREDIT CARDS TO FOLLOWING INDIVIDUALS: additional sheet available

Last Name		First		Middle		Social Security Number	
Company Title				Division/Department		Date of Birth	
Home Address		City		State		Zip	
Email		Secondary Email				Home Phone	
Signature				Date		Credit Limit	

Last Name		First		Middle		Social Security Number	
Company Title				Division/Department		Date of Birth	
Home Address		City		State		Zip	
Email		Secondary Email				Home Phone	
Signature				Date		Credit Limit	

CREDIT INFORMATION Attach additional sheet(s) if necessary (with signatures)

Institution Name and Address		Branch		Loans: <input type="checkbox"/> Open <input type="checkbox"/> Closed					
Total Owed		Savings Account Number/Name Listed							
Checking Account Number/Name Listed		Savings Account Number/Name Listed							
Name and Address of Trade References		Name Under Which Account Is Carried		Account Number		Balance		Monthly Payment	
1.						\$		\$	
2.						\$		\$	

CONDENSED BUSINESS FINANCIAL STATEMENT

Bank reserves the right to require additional financial information.

CURRENT ASSETS \$		CURRENT LIABILITIES \$	
TOTAL ASSETS \$		TOTAL LIABILITIES \$	
IMPORTANT: The financial statement or an attached statement must be completed before your application can be processed.		NET WORTH \$	

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if the application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (check one):

PRESIDENT/CHAIRMAN VP TREASURER OWNER PARTNER

ATTACH WRITTEN RESOLUTION OF AUTHORIZED SIGNERS FOR BUSINESS

X _____ X _____
 Applicant Signature Title Date Authorizing Signature Title Date

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.
 Account No. _____ Account No. _____ Account No. _____
 Signature _____ Date _____ PLEASE ATTACH A COPY OF YOUR LAST STATEMENT(S)

FOR INTERNAL USE ONLY

Account #	Date Approved	Credit Line	Approved By
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