

MASTERCARD BUSINESS CREDIT CARD APPLICATION**Plains Commerce Bank**
Member FDIC**IMPORTANT:**

- Plains Commerce Bank ("Bank") cannot process applications that are incomplete, unsigned, or missing documentation.
- Pending the bank's credit review and underwriting, the bank may request additional information or documentation such as (but not limited to) company financial statements and/or tax returns on borrower(s) and/or personal guarantor(s).

Step 1. Choose Credit Limit**Credit Limit request:** \$ _____ (Bank may assign a lower credit limit.)**Step 2. Provide Business Information**

Legal Business Name:		Tax ID Number:		Business Phone:	
Business STREET Address (Cannot be a PO Box):		City:	State:	Zip Code:	Number of Employees:
Mailing Address (If different from above):		City:	State:	Zip Code:	Length of Current Ownership:
Gross Annual Sales:	Annual Net Business Income:	Monthly Debt Payments (P & I):			
\$	\$	\$			
Type of Organization: (Legal Structure)					
<input type="checkbox"/> Non-Profit		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC
Other: _____					
Nature of Business (specific description):					
Bank Information:					
Business Debt Balances:			Total Checking and Savings Account Balances:		
Unsecured \$		Secured \$	\$		
Country of Formation (if "other" provide country name)			Country of Primary Business operations (if "other provide country name)		
United States			United States		
Other			Other		
Business Name as it should appear on the card(s) (Limited to a total of 21 characters and spaces; abbreviate if needed)					
Name of Person Authorized to Manage Company Accounts:			Email Address:		

Step 3. Provide Business Authorization and Signature on Behalf of Applicant

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.

What this means for you: If you are a corporation, partnership, trust or entity, when you open an Account we will ask you for your name; address (either your principal place of business, a local office or other physical location); a U.S. taxpayer identification number or, U.S. income tax returns, and such other information or documents that we consider necessary to identify you, such as Articles of incorporation, a government-issued business license, a partnership agreement or a trust instrument. If you are an individual, when you open an Account we will ask for your name; residential address; date of birth; social security or other U.S. taxpayer identification number or, any other government-issued document evidencing nationality or residence or bearing a photograph or similar safeguard; and such other information or documents that we consider necessary to identify you. Business must be a registered U.S. business. You must be at least 18 years of age and you must be a U.S. Citizen or Permanent U.S. Resident.

By signing this Application as an Authorized Officer of the Applicant, I (1) am requesting that an Account be opened for the Applicant, and that Mastercard Credit Card(s) be issued to the cardholders listed on this Application in Step 7 and any supplements thereto; (2) am authorized to sign this Application on behalf of the Applicant and that all information provided herein is true and correct; (3) authorize Bank to verify the information given and to lawfully receive and exchange credit information about the Applicant, both now and in the future; (4) the Applicant and I— individually and jointly,—agree to use the card(s) for business purposes and to be bound by the terms and conditions of the Credit Card Agreement, as amended from time to time, and which is incorporated herein and made a part hereof by this reference; (5) certify that the extension, performance, and delivery of this Application has been authorized by all necessary legal action by the Applicant, and the Applicant will provide the Bank evidence of such action upon request; (6) acknowledge and agree that Applicant is granting Bank a Uniform Commercial Code security interest in any deposit or accounts Applicant maintains with the Bank to secure payments of all obligations under Applicant's credit card account, and all other current or future indebtedness to Bank whether under this Application or any other indebtedness to Bank; (7) agree that if I provided a wireless telephone number(s) herein, I consent to receiving autodialed and prerecorded message calls and text messages from the Bank or its third-party debt collector at that number and have the authority to provide this consent for the wireless number provided; and (8) consent that an electronic facsimile of my signature, in any capacity, may be used as evidence of Applicant's and my agreement to the terms of this Application.

Authorizing Officer Name(s) (Print):	Signature of Authorizing Officer(s):	Title:	Date:

Step 4. Certification of Beneficial Owners

***Please provide information on all owners of the business who own 25% or more of the business.**

1	*Name of Authorizing Officer/Beneficial Owner:	Primary Phone Number:	Social Security Number OR if Business -Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR if Business- Start Date of Business:
____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:	State:	Zip:
2	*Name of Authorizing Officer/Beneficial Owner:	Primary Phone Number:	Social Security Number OR if business -Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR if business- Start Date of Business:
____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:	State:	Zip:
3	*Name of Authorizing Officer/Beneficial Owner:	Primary Phone Number:	Social Security Number OR if business -Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR if business- Start Date of Business:
____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:	State:	Zip:
4	*Name of Authorizing Officer/Beneficial Owner:	Primary Phone Number:	Social Security Number OR if business -Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR if business - Start Date of Business:
____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:	State:	Zip:

Complete the following information for **one** individual with significant responsibility for managing the Legal Entity listed above, such as:
 An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
 Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section 3 above may also be listed in this section.)

I am authorized to sign this application and all information provided herein is true and correct. I certify there are _____ members none with 20% of more ownership in this entity.

*Name of individual:	Primary Phone Number:	Social Security Number	Date of Birth: (MM/DD/YYYY)
Home STREET Address (Cannot be a PO Box):		City:	State: Zip:
Signature:		Date:	

Step 5. Provide Personal / Business Guarantor Information

- ALL INDIVIDUALS OR BUSINESS ENTITIES WITH A 20% OR MORE OWNERSHIP OF THE BUSINESS MUST COMPLETE AND SIGN THE FOLLOWING SECTION.**
- GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS ARE NOT REQUIRED TO COMPLETE THE PERSONAL GUARANTOR SECTION.**

1	Name of Personal Guarantor OR Guaranteeing Business Entity:	Primary Phone Number:	Social Security Number OR Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR Start Date of Business:
____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:	State:	Zip:
Monthly Mortgage/Rent Payment: \$	Gross Personal Annual Income* OR Business Gross Annual Sales: \$	Net Worth (Excluding the Business) OR Last FYE Profit Before Tax: \$	Total in Deposit Accounts and Marketable Securities: \$	

2	Name of Personal Guarantor OR Guaranteeing Business Entity:	Primary Phone Number:	Social Security Number OR Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR Start Date of Business:
_____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:		State: Zip:
Monthly Mortgage/Rent Payment: \$	Gross Personal Annual Income* OR Business Gross Annual Sales: \$	Net Worth (Excluding the Business) OR Last FYE Profit Before Tax: \$	Total in Deposit Accounts and Marketable Securities: \$	
3	Name of Personal Guarantor OR Guaranteeing Business Entity:	Primary Phone Number:	Social Security Number OR Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR Start Date of Business:
_____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:		State: Zip:
Monthly Mortgage/Rent Payment: \$	Gross Personal Annual Income* OR Business Gross Annual Sales: \$	Net Worth (Excluding the Business) OR Last FYE Profit Before Tax: \$	Total in Deposit Accounts and Marketable Securities: \$	
4	Name of Personal Guarantor OR Guaranteeing Business Entity:	Primary Phone Number:	Social Security Number OR Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR Start Date of Business:
_____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:		State: Zip:
Monthly Mortgage/Rent Payment: \$	Gross Personal Annual Income* OR Business Gross Annual Sales: \$	Net Worth (Excluding the Business) OR Last FYE Profit Before Tax: \$	Total in Deposit Accounts and Marketable Securities: \$	
5	Name of Personal Guarantor OR Guaranteeing Business Entity:	Primary Phone Number:	Social Security Number OR Business Tax ID Number:	Date of Birth: (MM/DD/YYYY) OR Start Date of Business:
_____% Ownership of Company: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Other:_____				
Home STREET Address (Cannot be a PO Box):		City:		State: Zip:
Monthly Mortgage/Rent Payment: \$	Gross Personal Annual Income* OR Business Gross Annual Sales: \$	Net Worth (Excluding the Business) OR Last FYE Profit Before Tax: \$	Total in Deposit Accounts and Marketable Securities: \$	

*Personal Annual Gross Income includes any earned income related and unrelated to the business so long as it is not included in the business' annual net profit. Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered.

Step 6. Sign Personal OR Business Guaranty

By signing below, in my individual or business capacity (even if I place a title or other designation next to my signature), I (1) certify that all information I have provided on this application or in connection herewith is true, correct, and complete; (2) authorize my current and past creditors, employers, consumer reporting agencies, and any other reference listed above to release information to Bank regarding the request for the account(s) and/or card(s) as indicated above; (3) agree that if I provided a wireless telephone number(s) herein, I consent to receiving autodialed and prerecorded message calls and text messages from the Bank or its third-party debt collector at that number and confirm that I have the authority to provide this consent for the wireless number provided; (4) understand Bank will obtain periodic follow-on credit reports on me from credit reporting agencies; (5) jointly, severally, and unconditionally guaranty and promise to pay Bank all indebtedness incurred by Applicant at any time arising under or relating to any credit requested through this Application, as well as any extensions, increases, or renewals of indebtedness; (6) waive (i) presentment, demand, protest, notice of protest to Bank, and notice of nonpayment; (ii) any defense arising by reason of any defense of the Applicant or other guarantor; (iii) any right to require Bank to proceed against Applicant or any other guarantor; (iv) any right to require the Bank to pursue any remedy in connection with the guaranteed indebtedness; (v) any right to require the Bank to enforce its security interest in any collateral; (vi) any right to require the Bank to notify guarantor of any additional indebtedness incurred by the Applicant; or (vii) any right to require Bank to give notice of any changes in the Applicant's financial condition; (7) authorize Bank, without notice or prior consent, to (i) extend, modify, compromise, accelerate, renew, increase, or otherwise change the terms of the guaranteed indebtedness, and (ii) proceed against one or more guarantors without proceeding against the Applicant or other guarantor; (8) agree that an electronic facsimile of my signature, in any capacity, may be used as evidence of my agreement to the terms of this guaranty; and (9) certify that I have received, read, and understand the disclosures set forth in this application.

Signature of Guarantor #1: _____ **Date:** _____

Signature of Guarantor #2: _____ **Date:** _____

Signature of Guarantor #3: _____ **Date:** _____

Signature of Guarantor #4: _____ **Date:** _____

Signature of Guarantor #5: _____ **Date:** _____

Step 7 Request Cash Advance Access and Add Authorized Users

- I request access to Cash Advances for the card(s) indicated below. (Cash advance access is subject to Bank approval.)
 I do not want access to Cash Advances for the card(s) indicated below.

ISSUE A CARD TO THE FOLLOWING AUTHORIZED USERS

Specially-Designated Nationals (SDN) List: The Company has verified that no cardholder is identified on the Specially-Designated Nationals lists administered by the U.S. Treasury's Office of Foreign Assets Control. Applicant will hold Bank harmless if it issues a card at Company's request to any such identified person.

Information About Card Embossing:

1. Each card will be embossed with a unique number assigned to the individual card user.
 - a. Both the User name and Company name are required to be embossed on the card.
2. Complete and submit additional pages of this section for companies that require more than 4 cards embossed.

Name of Authorized User(s) to be Issued a Card (Embossing on card is limited to a total of 21 characters and spaces; abbreviate if necessary)		Date of Birth (mm/dd/yyyy)	Credit Limit (Increments of \$100)	Cash Advance Limit (if applicable) (Increments of \$100)
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$

Business fully understands and agrees that all Authorized Users listed above are the business' responsibility if the card(s) are lost or stolen and agree that the business will immediately notify Bankcard Services at 1-866-604-0381 of such loss. If the credit card is misused by an Authorized User, business accepts full responsibility.

Authorized Officer Signature (required)

Date

Step 8. Submit completed application and any supporting documents to one of the following:

Mail: Plains Commerce Bank, PO Box 7, Hoven, SD 57450
or

Deliver this completed application to your local Plains Commerce Bank or your Plains Commerce Bank loan officer.

FOR INTERNAL USE ONLY		
_____ Date Approved	_____ Credit Line	_____ Approved By

Plains Commerce Bank
MASTERCARD BUSINESS CREDIT CARD

This is a fixed rate product. The following information is accurate as of 05/2019.

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	12.00%
APR for Cash Advances <small>(Activation of Cash Advance functionality is subject to prior approval)</small>	15.00%
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge any interest on purchases if the entire balance is paid by the due date each month. We begin charging interest on cash advances on the later of the transaction date or the first day of the billing cycle in which the cash advance posts to the account.
Minimum Interest Charge	There is no minimum interest charge.
Fees	
Annual Account Fee	None
Transaction Fees:	
<ul style="list-style-type: none"> • Cash Advance • International Transaction 	<p>\$5.00 or 3.00% of the amount of each transaction, whichever is greater.</p> <p>Up to 1.00% of the U.S. dollar amount of each transaction, whether originally made in U.S. dollars or converted from a foreign currency.</p>
Penalty Fees:	
<ul style="list-style-type: none"> ▪ Late Payment ▪ Returned Check 	<p>Up to \$35.00</p> <p>Up to \$35.00</p>

How We Will Calculate Your Balance: We use a method called "average daily balance (including new transactions)." See "CALCULATING AVERAGE DAILY BALANCE (INCLUDING CURRENT TRANSACTIONS)" in the Business Credit Card Agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your Business Credit Card Agreement.

Minimum age requirement: You must be at least 18 years of age to apply. The information listed above was accurate as of the date shown in the lower right-hand corner. Because rates and terms are subject to change, you may contact us for the current information by writing to Plains Commerce Bank, PO Box 7, Hoven, SD 57450.