

**VISA® BUSINESS CREDIT CARD WITH SCORECARD REWARDS APPLICATION**

Account Choice:  Sole Proprietorship  Partnership  Corporation (select only one) Credit Limit Requested: \$ \_\_\_\_\_  
 IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**COMPANY INFORMATION:**

Company Name	Tax ID Number
Company Address	Business Phone
Type of Business	How Many Years in Business

**ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:**

The information gathered for the individuals to receive the credit cards includes the signature at the bottom of each box. Attach additional sheet, with signatures, if necessary.

Last Name	First	Middle	Social Security Number
Company Title	Division/Department	Email Address	Date of Birth
Home Address	City	State	Zip
Signature	Limit for this Individual Card \$		Date
Last Name	First	Middle	Social Security Number
Company Title	Division/Department	Email Address	Date of Birth
Home Address	City	State	Zip
Signature	Limit for this Individual Card \$		Date

**CREDIT INFORMATION:** Attach additional sheet, with signatures, if necessary.

Institution Name and Address	Branch	Loans <input type="checkbox"/> Open <input type="checkbox"/> Closed
Checking Account Number / Name Listed	Savings Account Number / Name Listed	

**Credit References**

Name and Address of Trade Reference	Name Under Which Account is Carried	Account Number	Balance \$	Monthly Payment \$
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**CONDENSED BUSINESS FINANCIAL STATEMENT:** Bank reserves the right to require additional information.

Current Assets \$	Current Liabilities \$
Total Assets \$	Total Liabilities \$
<b>IMPORTANT:</b> THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED	Net Worth \$ (Total Assets Less Liabilities)

**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 this 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 all credit extended from time to time.

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

PRESIDENT/CHAIRMAN  VP  TREASURER  OWNER  PARTNER

<b>X</b> Applicant Signature	Date	Applicant Signature	Date
<b>GUARANTEE OF PAYMENT AND PERFORMANCE.</b> For good and valuable consideration, Guarantor absolutely and unconditionally guarantees full and punctual payment and satisfaction of this credit card indebtedness of Borrower to Lender, and the performance and discharge of all Borrower's obligations under the Note and the Related Documents. This is a guaranty of payment and performance and not of collection, so Lender can enforce this Guaranty against Guarantor even when Lender has not exhausted Lender's remedies against anyone else obligated to pay the indebtedness. Guarantor will make any payments to Lender or its order, on demand, in legal tender of the USA in same-day funds, without set-off or deduction or counterclaim, and will otherwise perform Borrower's obligations under the Note and Related Documents. Guarantee will continue in full force until all the indebtedness shall have been fully and finally paid and satisfied and all of Guarantor's other obligations under this Guaranty shall have been performed in full. Each of undersigned Guarantors hereby agrees to all terms of this Guaranty.			
<b>X</b> Applicant Signature	Date	Applicant Signature	Date

**INTEREST RATE AND INTEREST CHARGES / FEES:**

Annual Percentage Rate for Purchases	<b>9.90%</b>	Grace Period for repayment of balances for purchases	25 Days*
Annual Percentage Rate for Cash Advances	<b>9.90%</b>	Method of Computing the Balance for Purchases	Average Daily Balance Including New Purchases*
Annual Percentage Rate for Balance Transfers	<b>9.90%</b>	*A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your previous monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges. A finance charge will be imposed on Cash Advances from the date made of from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue on the unpaid average daily balance of such Cash Advances until the date of payment if paid during the same billing cycle, or until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. If the new balance shown on your monthly statement for the prior billing cycle is paid in full within 25 days of the closing date of that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.	
Minimum Finance Charge	NONE		
Annual Membership Fee	NONE		
Balance Transfer Fee	NONE		
Transaction Fee for Cash	2.0% of the amount advanced		
Late Payment Fee	\$19.00		
Over the Limit Fee	NONE		
<b>Returned Checks</b>	Return fee of \$20.00 will be charged for any returned checks.		
<b>Collection</b>	If collection efforts are required, you agree to pay all costs and expenses incurred in the collection of any sum due, including but not limited to, attorney's fees, court costs, and all other expenses related to enforcing our rights under this agreement.		

**BALANCE TRANSFER REQUEST:**

The information about the costs of the cards described above is accurate as of August 2017. This information is subject to change. To receive the most up to date information, write us at: CSB; PO Box C; New Castle, IN 47362

**UPON APPROVAL, I wish to transfer my present balance on the credit card account(s) below to my new Citizens State Bank credit card. The balance transfer will be subject to finance charges the day of posting to your new account.**

Credit Card Issuer: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Payment Address: \_\_\_\_\_ Amount to be Transferred: \$ \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**X** Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Authorizing Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTERNAL USE ONLY**

ACCOUNT NO. (1)	ACCOUNT NO. (2)	DATE
DATE APPROVED	CREDIT LINE	APPROVED BY
NO. CARDS	PRO. CODE	PRO. CODE