## Bank ID: 323337 Exchange State Bank CK

# **VISA** Platinum and Classic Credit Card Application Please see terms, rates and fees in Important Disclosures.

| ,   |                                      |  |                              | Bank I                             | D:                |
|---|--------------------------------------|--|------------------------------|------------------------------------|-------------------|
| General Information   |                                      |  |                              |                                    |                   |
|   |                                      |  |                              |                                    |                   |
| Applicant Name (as you want it to appear on your card)  |                                      | Date of Birth (MM/DD/YYYY)   | Social S                     | Security Number                    |                   |
|   |                                      |  |                              |                                    |                   |
| Physical Address (no P.O. Boxes)  |                                      | City   | State                        | Zip                                |                   |
|   |                                      |  |                              |                                    |                   |
| Mailing Address (if different than physical)  |                                      | City   | State                        | Zip                                |                   |
| Own Rent Other  |                                      | YR MO  |                              |                                    |                   |
|   | y Payment \$                         | Length at Residence  | Mother's Maiden N            | lame                               |                   |
|   |                                      |  |                              |                                    |                   |
| Cell Phone  | Home Phone                           | Email Add  | ress                         |                                    |                   |
|   |                                      |  |                              |                                    | МО                |
| Employer or Source of Income* (If self-employed, p  | lease list nature of business)       | Job Title  |                              | YR<br>Length of Employm            | MO                |
|   |                                      |  |                              |                                    |                   |
| Annual Income: You do not need to include income fro  | m alimony, child support or separate | maintenance payments unless you want us to consi   | der it for this application. | Business Phone                     |                   |
|   |                                      |  |                              | VD                                 | МО                |
| Previous Employer (If at current employer less than 2   | years)                               | Job Title  |                              | YR<br>Length of Employm            |                   |
| Co-Applicant (Complete if j   | oint account)                        |  |                              |                                    |                   |
|   |                                      |  | _                            |                                    |                   |
|   |                                      |  |                              |                                    |                   |
| Co-Applicant Name (as you want it to appear on you  | ur card)                             | Date of Birth (MM/DD/YYYY)   | Social S                     | Security Number                    |                   |
|   |                                      | <b>0</b> 14  |                              |                                    |                   |
| Physical Address (no P.O. Boxes)  |                                      | City   | State                        | Zip                                |                   |
|   |                                      |  |                              |                                    |                   |
| Mailing Address (if different than physical)  |                                      | City   | State                        | Zip                                |                   |
|   |                                      |  |                              |                                    |                   |
| Cell Phone  | Home Phone                           | Email Add  | lress                        |                                    |                   |
|   |                                      |  |                              | YR                                 | MO                |
| Employer or Source of Income* (If self-employed, p  | lease list nature of business)       | Job Title  |                              | Length of Employm                  | ient              |
|   |                                      |  |                              |                                    |                   |
| Annual Income: You do not need to include income from   | n alimony, child support or separate | maintenance payments unless you want us to consi   | der it for this application. | Business Phone                     |                   |
| Agreement & Disclosure  | S                                    |  |                              |                                    |                   |
| PLEASE READ CAREFULLY BEFORE SIGNING:   | This application is submitted to     | obtain credit, and I/we certify that all informati   | on herein is true and c      | omplete. I/we agree and gran       | nt permission     |
| that inquiries may be made to verify information and written and serviced by Bankers' Bank of Kansas, P.          | credit references or verification I  | may be given based on inquiries from other pa<br>8-6810 (BBOK) Offer subject to credit policie | rties. At the request of     | f your Financial Institution, this | s offer is under- |
| the Cardholder Agreement, a copy of which will be   | mailed to the applicant if credit i  | s granted. Receipt of such agreement and ac  | ceptance of such terms       | s to be conclusively presumed      | d by applicant's  |
| use. If this is a joint application, the undersigned sha<br>us are true and correct and that I/we have read the I |                                      |  | e. I/We hereby certify a     | and warrant that the statemen      | ts made by me/    |
|   |                                      |  |                              |                                    |                   |
| We intend to apply for joint credit. Initials   | s and                                |  |                              |                                    |                   |
|   |                                      |  |                              |                                    |                   |
| X   |                                      | X  |                              |                                    |                   |
| XApplicant's Signature  | Date                                 | Co-Applicant's Signature   |                              | Date                               |                   |
|   | 19                                   | ka da da aka difa sa                                       |                              | labour and an 1 1                  |                   |

Automatic Payment Option: If you would like your payment automatically deducted from your checking or savings account, please check here and an automatic payment enrollment form will be sent to you.

#### Please send completed application one of the following ways:

Mail: Bank Card Center P.O. Box 20810 Wichita, KS 67208-6810 Email: CCServices@bbok.com

## 05-19-2024

### **IMPORTANT DISCLOSURES**

| Interest Rates & Interest Charges  |  |  |  |
|--|--|--|--|
| Annual Percentage Rate<br>(APR) for Purchases  | <b>14.42%</b> for Platinum, <b>16.92%</b> for Classic<br>When you open your account, based on your creditworthiness.<br>Your APR will vary with the market based on the Prime Rate.*   |  |  |
| APR for Balance Transfers  | Same as Purchase Rate  |  |  |
| APR for Cash Advances  | 21%  |  |  |
| Paying Interest  | Your due date is at least 25 days after the close of each billing cycle. We will begin charging interest on cash advances on the transaction date. We will not charge you interest on purchases if you pay your entire balance by the due date each month. |  |  |
| For Credit Card Tips from<br>The Consumer Financial<br>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   |  |  |
| <ul><li>Transaction Fees</li><li>Balance Transfer</li><li>Cash Advance</li><li>International Transaction</li></ul> | <ul> <li>None</li> <li>Either \$10 or 3% of the amount of each advance, whichever is greater.</li> <li>3% of U.S. dollar amount of the transaction.</li> </ul>   |  |  |
| Penalty Fee  |  |  |  |
| <ul><li>Late Payment</li><li>Returned Payment</li></ul>  | Up to <b>\$29</b><br>Up to <b>\$29</b>   |  |  |

\*In the event you do not qualify for a Platinum card, we will automatically consider you for our Classic card. Your Rate on purchases is determined by adding 8.42% for Classic or 5.92% for Platinum to the "Prime Rate" published in the Wall Street Journal under the "Money Rates" subsection on the last business day of each month.

Effective October 3, 2017, Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). Call 1-888-675-6332 for recorded information.

How Will We Calculate Your Balance: We use a method called "average daily balance (including new transactions)."

How We Calculate Variable Rates: If your account is subject to a Finance Charge, your ANNUAL PERCENTAGE RATE may vary. Your Rate on purchases is determined by adding 8.42% for Classic or 5.92% for Platinum to the "Prime Rate" published in the Wall Street Journal under the "Money Rates" subsection on the last business day of each month.

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, physical 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.

Credit Review and Reporting: You authorize us to obtain consumer reports on you from consumer reporting agencies for any lawful purpose, including any update, extension of credit, review, or collection of your account. We can do this from time to time while your account is open and after it is closed (if you owe us any money). If you request, you will be informed whether any consumer report was requested and if a report was requested, the name and address of the consumer reporting agency furnishing the report.

As of the date in the lower right corner of this application, the information listed was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to us at P.O. Box 20810, Wichita, KS 67208-6810 or email us at CCServices@bbok.com.

The Cardholder Agreement should be reviewed for all conditions and terms.

Bankers' Bank of Kansas is card issuer.