

VISA Business Credit Card Application

Please see terms, rates and fees in Important Disclosures.

Bank ID:

General Information

Business Name as it should appear on cards (max. of 24 characters including spaces) Credit limit requested \$ [ ] Check to receive information on eZBusiness
Legal Business Name Tax ID #
Business Physical Address (no P.O. Boxes) City State Zip
Business Mailing Address City State Zip
Primary Phone Alternate Phone Nature/Type of Business
Email Address Date Business Established
Business Type: check one [ ] LLC or Corporation [ ] Partnership [ ] Sole Proprietorship [ ] Non-profit or Government

Credit Information

Primary Bank Name Bank Officer
Primary Bank Address City State Zip
Bank Phone Number Account Number Average Account Balance YTD

Employee Cardholders (attach additional sheet if necessary)

Table with 3 columns: Name (please print), Phone Number, Credit Line Requested. Includes rows for employee information.

Authorizing Officer's Information (attach additional sheet if necessary)

Position with Business: check one [ ] President [ ] VP [ ] Treasurer [ ] Owner [ ] Partner [ ] Member [ ] Other
Full Name Social Security Number Primary Phone Number DOB
Home Address City State Zip

Agreement & Disclosures

PLEASE READ CAREFULLY BEFORE SIGNING: This Visa® Business Card application is submitted to obtain credit, and I/We certify that all information herein is true and complete. I/We agree and grant permission that inquiries may be made to verify information and credit references or verification may be given based on inquiries from other parties.

[ ] We intend to apply for joint credit. Initials \_\_\_\_\_ and \_\_\_\_\_ [ ] We agree to the Electronic Delivery Disclosure. Initials \_\_\_\_\_ and \_\_\_\_\_
X \_\_\_\_\_ X \_\_\_\_\_
Signature of Owner or Authorizing Company Officer Date Signature of Owner or Authorizing Company Officer Date

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

Name of Employee Who Helped You:
Business 4/30/24

## IMPORTANT DISCLOSURES

Interest Rates & Interest Charges	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>15.42%</b> <sup>1</sup>
<b>Other APRs</b>	Cash Advance APR <b>21%</b> <sup>2</sup> Default Rate <b>21%</b> <sup>3</sup>
<b>Variable Rate Information</b>	Your APR may vary. The rate is determined on the last day of each month by adding 6.92% to the "Prime Rate." <sup>1</sup>
<b>Paying Interest</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances on the transaction date.
<b>Method of Computing the Balance</b>	Average Daily Balance including New Purchases <sup>4</sup>
Fees	
<b>Annual Fee</b>	None
<b>Minimum Payment Fee</b>	\$25 or 2% of balance, whichever is greater.
<b>Transaction Fees</b>	Either <b>\$10</b> or <b>3%</b> of the amount of each advance, whichever is greater. <b>3%</b> of U.S. dollar amount of the transaction.
<ul style="list-style-type: none"> <li>• Cash Advance</li> <li>• International Transaction</li> </ul>	
<b>Penalty Fee</b>	
<ul style="list-style-type: none"> <li>• Late Payment</li> </ul>	
<ul style="list-style-type: none"> <li>• Overlimit</li> </ul>	
<ul style="list-style-type: none"> <li>• Return Check</li> </ul>	

<sup>1</sup> The Prime Rate used to determine your **ANNUAL PERCENTAGE RATE** is the Rate published in the Wall Street Journal under the "Money Rates" subsection on the last business day of the month. If the closing date of the billing cycle is not a business day, then the first business day following the closing date of the billing cycle is used.

<sup>2</sup> A **Finance Charge** will be imposed on cash advanced from the date made, or 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, or until the closing date of the 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.

<sup>3</sup> If your account is or becomes more than 60 days past due at any time, or is otherwise in default in regard to any provision of the **Visa Business Card Agreement**, we may immediately increase the rate to a "Monthly Periodic Rate" of 1.75% (which is a corresponding ANNUAL PERCENTAGE RATE of 21%) effective with the first day of the next billing cycle of your account.

<sup>4</sup> **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 and credits as posted to your account, but excluding any unpaid **Finance Charges**.

**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 6.92% 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.

**Unlawful Internet Gambling Enforcement Act of 2006:** Transactions restricted by the Unlawful Internet Gambling Enforcement Act of 2006 are prohibited from being processed through this commercial account. You agree that such transactions will not be conducted through your account, and that you will notify Bankers' Bank of Kansas (BBOK) should your account be used for Internet Gambling of any kind. Please be advised that should Bankers' Bank of Kansas discover your account being used for such restricted transactions, we may terminate your access to certain payment systems and/or close your account.

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 current information by writing to us at P.O. Box 20810, Wichita, KS, 67208-6810 or email us at [CCServices@bbok.com](mailto:CCServices@bbok.com).

The Visa Business Card Agreement should be reviewed for all conditions and terms.

Bankers' Bank of Kansas is card issuer.

# ELECTRONIC DISCLOSURE AGREEMENT

Please read this Electronic Disclosure Agreement ("Agreement") carefully and print or retain a copy for your records. The words "we," "us," and "our" means Bankers' Bank of Kansas and the words "you" and "your" means you, the individual(s) listed on this account.

## The Scope of Communications to Be Provided in Electronic Form

By agreeing to the requirements below, you are agreeing to receive disclosures, receipts and marketing communications in an electronic format. This will include updates to the requirements below and updates to this agreement.

## Hardware and Software Requirements

In order to receive disclosures electronically the following hardware and software must be met: a computer or other device which supports an Internet web browser which is capable of supporting HTML and 128-bit SSL encryption; connection to the Internet; and a current version of a program that accurately reads and displays Portable Document Format or "PDF" files, such as Adobe® Acrobat Reader® version 8.0 and above.

## Requesting Paper Copies

You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail you a paper copy. To request a paper copy, contact us by telephone at 1-800-675-6284. We may charge you a reasonable service charge for the delivery of paper copies of any communication provided to you electronically pursuant to your authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.

## How to Withdraw Consent

You may withdraw your consent to receive communications in electronic form by contacting us at 1-800-675-6284. We may treat your provision of an invalid e-mail address or the subsequent malfunction of a previously valid address as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

## How to Update Your Records

It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this account(s), and to maintain and update promptly any changes in this information. You can update such information (such as your e-mail address) by contacting us at 1-800-675-6284.

## Communications in Writing

All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure, and any other communication that is important to you.

## Federal Law

You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

## Termination/Changes

We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.

## Consent

By initialing the Electronic Delivery Disclosure statement on the application you (i) agree this Electronic Disclosure Agreement constitutes a part of any applicable service agreement, (ii) agree that your use of electronic sounds, symbols, or processes provided by us to establish your acceptance of or agreement to service terms, conditions, and/or Legal Disclosures (e.g., an electronic "Accept" button) constitutes your electronic signature and signifies your intent to be bound, (iii) consent to receive an electronic record of Legal Disclosures and/or Other Electronic Service Information in lieu of a hard or paper copy or version thereof (provided, that if you are a consumer customer, your consent to receive electronic Legal Disclosures may be withdrawn as described above), (iv) acknowledge and demonstrate your ability to access electronically this notice, Legal Disclosures, and Other Electronic Service Information and your satisfaction of the software and hardware requirements described above, (v) and confirm and represent that you, in fact, have accessed and are able to view, save and print any sample electronic Legal Disclosures or other sample electronic records or information made available to you in order to demonstrate the applicable service or as part of the service enrollment process. If you do not "accept" this agreement, you will not be permitted to use the applicable service.

# Instructions for Completing Certification of Beneficial Owner(s) Form

## **What is the purpose of this form?**

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

## **Who has to complete this form?**

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

## **What information do I have to provide?**

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- I. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- II. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (Beneficial Ownership Information), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (Beneficial Ownership Information), you must provide the identifying information of one individual under section (Control Person Information). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (Control Person Information)), and up to five individuals (i.e., one individual under section (Control Person Information) and four 25 percent equity holders under section (Beneficial Ownership Information)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

## Certification of Beneficial Owner(s)

### Legal Entity Information

Legal Entity Name	Name and Title of Natural Person Opening Account		
Entity Address	City	State	Zip

### Beneficial Ownership Information

The following information for **each** individual\*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more** of the equity interests of the Legal Entity listed above:

\*Check box if no individual meets this definition, please explain (e.g. all <25%, Charity/Non-Profit, etc):

**Beneficial Owner Detail:** As applicable, explain any layers of Beneficial Ownership, etc. (e.g. ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

Beneficial Owner #1 Name	Date of Birth	% of Ownership	
Address	City	State	Zip

For U.S. Persons: Social Security Number **OR** For Non-U.S. Persons: Social Security Number, Passport Number and County of Issuance, or other similar identification number<sup>1</sup>

Beneficial Owner #2 Name	Date of Birth	% of Ownership	
Address	City	State	Zip

For U.S. Persons: Social Security Number **OR** For Non-U.S. Persons: Social Security Number, Passport Number and County of Issuance, or other similar identification number<sup>1</sup>

Beneficial Owner #3 Name	Date of Birth	% of Ownership	
Address	City	State	Zip

For U.S. Persons: Social Security Number **OR** For Non-U.S. Persons: Social Security Number, Passport Number and County of Issuance, or other similar identification number<sup>1</sup>

Beneficial Owner #4 Name	Date of Birth	% of Ownership	
Address	City	State	Zip

For U.S. Persons: Social Security Number **OR** For Non-U.S. Persons: Social Security Number, Passport Number and County of Issuance, or other similar identification number<sup>1</sup>

### Control Person Information

The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- 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.

Name	Title	Date of Birth	
Address	City	State	Zip

For U.S. Persons: Social Security Number **OR** For Non-U.S. Persons: Social Security Number, Passport Number and County of Issuance, or other similar identification number<sup>1</sup>

### Certification of Beneficial Owner(s)

I, \_\_\_\_\_, (name of natural person opening account), hereby certify, to the best of my knowledge, that the information above is complete and correct. I understand that I am obligated to notify you of any changes.

Signature	Title	Date
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<sup>1</sup>In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.