

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) Check to opt in to Business ScoreCard Rewards
 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)

Name (please print)	Signature	Credit Line Requested
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

Position with Business: check one President VP Treasurer Owner Partner Member Other _____

Yrs with Business _____

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. At the request of your Financial Institution, this offer is underwritten and serviced by Bankers' Bank of Kansas, P.O. Box 20810, Wichita, KS 67208-6810 (BBOK). Offer subject to credit policies of your Financial Institution and BBOK. I/We agree to be bound by the terms and conditions of the **Business Card Agreement**, a copy of which will be mailed to the business applicant if credit is granted. Receipt of such agreement and acceptance of such terms to be conclusively presumed by business' use. If this is a joint business application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. I/We hereby certify and warrant that the statements made by me /us in this certificate are true and correct and that I /we have read the Important Disclosures in this application. **I/We certify that this business does not engage in Internet gambling pursuant to the Unlawful Internet Gambling Enforcement Act of 2006 as stated in the Disclosures.**

We intend to apply for joint credit. Initials _____ and _____

X _____ Date _____ X _____ Date _____
 Signature of Owner or Authorizing Company Officer

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 08/31/22

IMPORTANT DISCLOSURES

Interest Rates & Interest Charges		
Annual Percentage Rate (APR) for Purchases	12.42% ¹	
Other APRs	Cash Advance APR 21% ² Default Rate 21% ³	
Variable Rate Information	Your APR may vary. The rate is determined on the last day of each month by adding 6.92% to the "Prime Rate." ¹	
Grace Period for Purchases	25 Days ⁴	
Method of Computing the Balance	Average Daily Balance including New Purchases ⁵	
Fees		
Annual Fee	\$29 per Card ⁶	
Transaction Fees	Either \$10 or 3% of the amount of each advance, whichever is greater. 3% of U.S. dollar amount of the transaction.	
<ul style="list-style-type: none"> • Cash Advance • International Transaction 		
Penalty Fee		
<ul style="list-style-type: none"> • Late Payment 		\$29
<ul style="list-style-type: none"> • Overlimit 		\$29
<ul style="list-style-type: none"> • Return Check 	\$29	

Business account balances are due and payable in full each month upon receipt of credit card statement.

¹ 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.

² 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.

³ 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.

⁴ A **Finance Charge** will be imposed on Credit Purchases only if you do not 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 and a late fee will be charged.

⁵ 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**.

⁶ See Business Cardholder Agreement for alternatives to avoid said Annual Fee.

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.

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

Bankers' Bank of Kansas is card issuer.

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 number¹

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 number¹

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 number¹

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 number¹

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 number¹

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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¹In 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.