



# Business Credit Card Application

This Application is made to Tri Counties Bank ("Bank", "we/us") for a revolving business credit card account. This Application and the following documents (collectively, "Cardholder Documents") will govern the possession and use of a Visa Business Credit Card, as the case may be ("Card"), we issue: (i) the card carrier or mailer ("Card Carrier") we send with the Card, except to the extent the Card Carrier is inconsistent with other Cardholder Documents; and (ii) the Business Card Agreement and Disclosure.

Select the card you are applying for:



Visa® Business Credit Card



Visa® Business Platinum Credit Card

**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.

### Business Information: Borrower

BUSINESS NAME:				
DOES BUSINESS AS:				TAX ID NUMBER:
BUSINESS PHONE:	NAICS CODE:	BUSINESS STRUCTURE:	FISCAL YEAR END:	YEAR INCORPORATED:
EMAIL:	YEAR ESTABLISHED:	TIME IN BUSINESS:		

### Income Statement

GROSS PROFIT:	NET PROFIT:
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### Current Address

<b>Physical Address:</b>	ADDRESS:			
	CITY:	STATE:	ZIP:	YEARS AT ADDRESS:
<b>Mailing Address:</b>	ADDRESS:			
	CITY:	STATE:	ZIP:	YEARS AT ADDRESS:
	PAYMENT AMOUNT:	RESIDENCE TYPE:		

### Previous Address *(Required if less than 2 years at current address)*

<b>Physical Address:</b>	ADDRESS:			
	CITY:	STATE:	ZIP:	YEARS AT ADDRESS:
<b>Mailing Address:</b>	ADDRESS:			
	CITY:	STATE:	ZIP:	YEARS AT ADDRESS:
	PAYMENT AMOUNT:	RESIDENCE TYPE:		

### Applicant Information: Guarantor

APPLICANT'S FULL NAME:		
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	HOME PHONE:
CELL PHONE:	EMAIL ADDRESS:	

### Guarantor

APPLICANT'S FULL NAME:		
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	HOME PHONE:
CELL PHONE:	EMAIL ADDRESS:	

**Guarantor**

APPLICANT'S FULL NAME:		
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	HOME PHONE:
CELL PHONE:	EMAIL ADDRESS:	

**Principal Details**

TITLE:		
YEARS CURRENT OWNER:	BUSINESS OWNERSHIP (%):	YEARS WITH FIRM:

**CIP Information**

ISSUER TYPE:		PHOTO ID? <input type="checkbox"/> YES	
TYPE:		ISSUE DATE:	ISSUED BY:
ID NUMBER:	CELL PHONE:	EXPIRATION DATE:	

**Employment Information**

EMPLOYMENT STATUS: <input type="checkbox"/> CURRENT <input type="checkbox"/> PREVIOUS		SELF EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER'S NAME:			
OCCUPATION / TITLE:	INCOME FREQUENCY/AMT:	LENGTH OF EMPLOYMENT:	BUSINESS PHONE:
BUSINESS ADDRESS:			
CITY:	STATE:	ZIP:	

**Authorized Users**

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:	STATE:	ZIP:	

**Account Administrator**TCB Credit Card Manager?  YES  NO

FULL NAME:		PHONE:
EMAIL:		
BILLING TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CENTRALIZED		

**Declaration Questions**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does the business have an existing line of credit?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the business currently involved in any pending lawsuits?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Will the business be involved with processing internet gambling payments?                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is this a money services related business?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is this a marijuana-related business?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does this business own or operate an ATM?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Will the business provide payment processing services or other businesses or third parties? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

By signing this Application, you understand and agree that: 1. You are requesting Bank to open a Business Credit Card account ("Account") in the name of Company. 2. You are requesting us to issue credit cards on the Account to the individuals who (a) are identified in the Card Holders section above or (b) are subsequently identified in a writing authenticated by you or any person subsequently authorized by Company to request Cards. Cards will be issued at our sole discretion and will be mailed to Company address on this Application unless you instruct us otherwise. 3. The Cardholder Documents are part of this Agreement. 4. All information provided or to be provided in connection with this Application is true and complete. 5. We and our agents and assignees may contact third parties to verify any information provided in connection with this Application. 6. All information relating to you and/or the Account (including, without limitation, account and application information, purchase and payment activity and balance and status information) may be shared with Company, and with any designated program manager(s) for Company. You should have no expectation that this information will remain private from Company. 7. Your signature below represents your certification that, effective upon the date of this Application,

and continuing until termination of the Cardholder Documents and satisfaction of all obligations of Company herein, whichever occurs last, and in addition to any other covenants or representations and warranties made under the Cardholder Documents. Company represents and warrants to Bank as follows: a. You are authorized to (i) apply for and enter into borrowing agreements and obligate Company to repay indebtedness, (ii) designate Cardholders and (iii) complete and execute all documents and agreements required to establish and maintain the Account, including but not limited to any security agreement between Company and us; and b. You have read and agreed to all terms and conditions in the Cardholder Documents.

Name of Business: \_\_\_\_\_  
(PRINT)

Sign Here X \_\_\_\_\_

Name of Signer: \_\_\_\_\_  
(PRINT)

Signer's Title: \_\_\_\_\_  
(PRINT)

**Guarantee**

To induce Tri Counties Bank ("Bank") to extend and/or continue to extend financial accommodations to the Company identified above, the undersigned, jointly and severally if there is more than one signer (each a "Guarantor"), (i) unconditionally and irrevocably guarantee(s) in my individual capacity (even if I place a title or other description next to my signature) payment in U.S. monies and performance to Bank of any and all present and future amounts owed to Bank, including but not limited to all credit, advances, debts, obligations and liabilities of Company to Bank, under any or all of the Cardholder Documents (as defined above), however arising, whether due or not due, absolute or contingent, liquidated or unliquidated (the "Indebtedness"), as well as any extensions, increases, modifications or renewals of such Indebtedness, (ii) waives notice of acceptance, presentment, demand, protest, notice of nonperformance, and any other notice of any kind whatsoever with respect to the Indebtedness, and lack of promptness does not waive the making of any claim or demand hereunder, (iii) waives notice of the existence, creation or incurring of new or additional Indebtedness, (iv) waives notice of renewal, extension, acceleration, change of payment terms, change or release of security, or release or substitution of any one or more Guarantors, (v) waives any right to require Bank to proceed against Company or any other person or entity, proceed against or exhaust any security held by Company, or pursue any other remedy in Bank's power whatsoever, (vi) agrees there is no right of subrogation (unless all Indebtedness of Company to Bank has been paid in full), and waives any right to enforce any remedy which Bank now has or may hereafter have against Company or any other person or entity, and any benefit of, and any right to participate in, any security now or hereafter held by Bank, (vii) waives the benefit of any statute of limitations affecting liability hereunder or enforcement thereof, (viii) agrees that Bank shall have a lien upon and a right of set off against all moneys, securities, and other property of Guarantor now or hereafter in the possession of or on deposit with Bank, (ix) agrees any Indebtedness now or hereafter owed to Guarantor by Company is hereby subordinated to the Indebtedness of Company to Bank, and (x) agrees to pay all costs incurred by Bank in the enforcement of this Guaranty and/or in collecting any or all of the Indebtedness, including reasonable attorneys' fees. Guarantor hereby agrees that this is a continuing Guaranty relating to any Indebtedness, including that arising under successive transactions which shall either continue the Indebtedness or from time to time renew it after it has been satisfied. If this Application is not approved, then this Guaranty shall have no force or effect. Guarantor agrees to indemnify Bank and hold Bank harmless against all obligations, demands, claims, and liabilities claimed or asserted by any other party and against all losses in any way suffered, incurred, or paid by Bank as a result of or in any way arising out of, following, or consequential to transactions with Company whether under the Cardholder Documents, or otherwise.

**Guarantor:**

X \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

**Guarantor:**

X \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

**For Internal Use Only**

**JOINT INTENT DOCUMENTATION**

Complete this section for applications taken by telephone or when all applicants are not present.

\_\_\_\_\_ on \_\_\_\_\_ talked to \_\_\_\_\_

by telephone at \_\_\_\_\_ and he/she confirmed intent to apply for jointcredit.

\_\_\_\_\_ on \_\_\_\_\_ talked to \_\_\_\_\_

by telephone at \_\_\_\_\_ and he/she confirmed intent to apply for jointcredit.