WALLISBANK

VISA® BUSINESS CREDIT CARD APPLICATION

Check Account Type: (Only One)

- ❑ Sole Ownership
- ❑ Corporation
- ❑ Partnership
- ❑ Limited Liability Company

Credit Limit Requested $ _____

Representative Name _____

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.

COMPANY INFORMATION

Name of Company				Tax I.D. Number
Company Address	City	State	Zip Code	Business Phone
Mailing Address	City	State	Zip Code	How Many Years in Business
Type of Business				

ISSUE BUSINESS CREDIT CARD(S) TO THE FOLLOWING INDIVIDUALS: Attach additional sheets if necessary with signatures.

Last Name	First	Middle	Social Security Number	
Company Title		Division / Department		Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature	Driver's License Number		State	Date

Last Name	First	Middle	Social Security Number	
Company Title		Division / Department		Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature	Driver's License Number		State	Date

CREDIT INFORMATION

Institution and Address		Branch	Loans	❑ Open ❑ Closed
Checking Account Number / Name Listed		Savings Account Number / Name Listed		

Name and Address of Trade Reference	Name Under Which Account is Carried	Account Number	Balance	Monthly Payment
1.			$	$
2.			$	$
3. Institution Credit Card/Institution Name and Address			$	$

CONDENSED BUSINESS FINANCIAL STATEMENT Bank reserves the right to require additional financial information

Current Assets	$	Current Liabilities	$
Total Assets	$	Total Liabilities	$
Important:	THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED.	Net Worth	$
Please Provide Your Business' Gross Annual Revenues for the Previous Year	$		

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify 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 cardholder 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 and all credit extended from time to time.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (Check One)

_____ President/Chairman _____ V.P. _____ Treasurer _____ Owner _____ Partner

X _____ **X** _____

Applicant Signature Title Date Authorizing Signature Title Date

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	**14.92%**
APR for Cash Advances	**14.92%**
APR for Balance Transfers	**14.92%**
Grace Period for repayment of balances for purchases	25 Days
Method of computing the balance for purchases	Average Daily Balance (including new purchases)

FEES

Annual Fees	None
Balance Transfer Fee	None
Transaction Fee for Cash Advances	$2.00
Foreign Fees	1% of each transaction in U.S. dollars
Late Payment Fee	A late charge of 5% of the payment or a maximum of $10 will be assessed for a payment made 10 days or more after the date payment of this bill is due.
Return Payment Fee	None
Over-the-Credit-Limit Fee	None

The information about the costs of the card described in this application is accurate as of January 2019. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 339, Wallis, Texas 77485.

FOR INTERNAL USE ONLY

Account Number			
Credit Limit	Number of Cards	Date Approved	Approved By