



VISA BUSINESS CREDIT CARD APPLICATION

Request Type (Select One)	Credit Line	Card Type Requested
<input type="checkbox"/> New Account <input type="checkbox"/> Line Increase	Credit Limit Requested: \$	<input type="checkbox"/> Business Credit Card <input type="checkbox"/> Business Credit Card w/Rewards Points

1-Business Information

Legal Name of Business		Business Name to Appear on Card	
Business Physical Address (No PO Boxes)		Business Mailing Address	
City, State, Zip		City, State, Zip	
Business Phone Number		Business Fax Number	
Tax ID Number		Month and Year Business Established	
Legal Structure (Pick One)		Non-Profit?	
<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> Corporation <input type="checkbox"/> Other :		<input type="checkbox"/> No <input type="checkbox"/> Yes, include last two years financial statements, and copy of minutes showing authorization to apply.	
Business Gross Sales (if new enter \$0)	Business Net Profit (if new enter \$0)	Business Monthly Debt Payments	
Nature of Business (Goods or Services provided) and/or Company's NAICS Code		Number of Employees	

2-Principal/Owner/Member/Guarantor Information

Each owner with 20% or more ownership is required to guaranty the full amount of the credit line. When ownership of the company is held by owners with less than 20% ownership, those guarantors representing at least 51% of the cumulative ownership are required to guaranty the full amount of the credit line.

Authorized Party #1

Name (First, MI, Last)		Title		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Home Phone Number		Additional Phone Number	
		()			
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
					\$

Authorized Party #2

Name (First, MI, Last)		Title		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Home Phone Number		Additional Phone Number	
		()			
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
					\$

Authorized Party #3

Name (First, MI, Last)		Title		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Home Phone Number		Additional Phone Number	
		()			
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
					\$

Authorized Party #4

Name (First, MI, Last)		Title		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Home Phone Number		Additional Phone Number	
		()			
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
					\$

Please continue and sign on second page of the application - Applicants initial here _____, _____, _____, _____

3-Cards To Issue

Business fully understands and agrees that all Authorized Users listed below are the business' responsibility if the card(s) are lost or stolen and agree that the business will notify State Bank of Southern Utah of such loss. If the credit card is misused by an Authorized User, business accepts full responsibility. (SSN used as proof of identity only)

	Cardholder's Name (How name will appear on card)	New Card Number (For bank use only)	Credit Limit (Inc of \$100)
Card 1			\$ -
Card 2			\$ -
Card 3			\$ -
Card 4			\$ -
Card 5			\$ -
Card 6			\$ -
Card 7			\$ -
Card 8			\$ -
Card 9			\$ -
Card 10			\$ -

If additional cards are needed please include information on the cardholder(s) on second application.

Must be equal to total limit requested

\$	-
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4-Choose a monthly billing option:

Combined
 All cardholder transactions combined into a single statement, billed and paid at Control Account level.

Individual
 Individual cardholder billing statements, billed and paid at individual card level.

I request access to Cash Advances for the card(s) indicated above

I DO NOT want access to Cash Advances for the card(s)

Auto Payment options

Account Type

Payment Date

Account Information

Payment in full

Checking

Routing Number _____

Min. balance

Savings

Account Number _____

By selecting the "Auto Payment Option" I authorize State Bank of Southern Utah to initiate an ACH payment from my checking/savings account to my credit card with State Bank of Southern Utah. By not selecting an auto payment option, I acknowledge that I will be billed monthly and I will be responsible for making the monthly payment(s).

X _____
 Account Owner Signature to initiate ACH payment from checking/savings

5-Contact Information

This person will be authorized to obtain account information, as well as make changes to the account. Changes include, but are not limited to, address changes and addition/deletion of cardholders. It is the responsibility of an authorized party to inform Creditor of any changes to the contact person. (Limit Increase(s) must be requested by all authorized parties in writing and may require additional documentation, such as updated financial statements.)

Contact Name	Contact Title	Contact Phone Number	Contact Signature (to verify future correspondence)

BY SUBMITTING THIS APPLICATION - The undersigned Applicant and Business request Visa Business Card(s) be issued on the Business' account to the Applicant and certify that the account will be utilized solely for business purposes. The individuals ("you") signing below acknowledge and agree to all the Terms and Conditions set forth in this application and that the documents submitted are verifiable and accurate. You understand that the creditor may ask for additional identifying documents from you and the business to assist with credit decisions and cooperate with the US Patriot Act. You authorize the creditor to obtain your personal credit report and to provide credit information to credit bureaus about you if applicable.

GUARANTY - By signing below, each individual jointly, separately and unconditionally guarantees payment of and agrees to pay creditor for all charges and balances on all accounts established with this application; and the undersigned does agree, upon any default in the making of any payment due by applicant or breach by applicant of any covenant or agreement, that the undersigned will, upon request by State Bank of Southern Utah pay the entire unpaid balance, all lawful charges and amounts thereunder. Under this Guaranty, the liability of Guarantor(s) is unlimited and the obligations of Guarantor are continuing, including any future credit limit increases. It is understood that this application will be retained whether or not approved.

X _____ Date _____
 Applicant/Authorized Party #1, As Principal/Owner/Member
 And Individually as Personal Guarantor

X _____ Date _____
 Applicant/Authorized Party #2, As Principal/Owner/Member
 And Individually as Personal Guarantor

X _____ Date _____
 Applicant/Authorized Party #3, As Principal/Owner/Member
 And Individually as Personal Guarantor

X _____ Date _____
 Applicant/Authorized Party #4, As Principal/Owner/Member
 And Individually as Personal Guarantor

The above information was current as of November 11, 2016. This information may have changed after that date. For current information, call us at 1-800-662-1788 or (435) 865-2331.

Interest Rates and Interest Charges

	Business Visa Credit Card	Business Visa Credit Card w/ Rewards
Annual Percentage Rate (APR) for Purchases, Balance Transfers or Cash Advances	13.40% This APR will vary with the market based on the Prime Rate	15.90% This APR will vary with the market based on the Prime Rate
Paying Interest	The due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.	The due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$.50	If you are charged interest, the charge will be no less than \$.50
For Credit Card Tips from the Consumer Financial 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 www.consumerfinance.gov/learnmore	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 www.consumerfinance.gov/learnmore
FEES		
Annual Fee	None	None
Cash Advance	2% of the amount of each transaction. Maximum of \$100.00	2% of the amount of each transaction. Maximum of \$100.00
Balance Transfer	None	None
International Transaction	Up to 2% of each transaction in U.S. Dollars	Up to 2% of each transaction in U.S. Dollars
PENALTY FEES		
Late Payment	Up to \$25.00	Up to \$25.00
Overlimit Fee	Up to \$25.00	Up to \$25.00
Return Check Charge	\$15.00	\$15.00
Additional Card Fee	10 free - \$10.00 per card after	10 free - \$10.00 per card after

How we will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)". See your Account Agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights, is provided in your Account Agreement.

This information was current as of July 30, 2018. This information may have changed after that date. For current information, call us at 1-800-662-1788 or (435) 865-2331.

Corporation/Partnership Resolution

I, the undersigned Secretary or Assistant Secretary of _____ . Hereby Certify that the Corporation/Partnership is organized and existing under the laws of the State of _____ , Federal Employer I.D. Number _____ , and that the following is a correct copy of the resolution adopted at a meeting of the Board of this Corporation/Partnership duly and properly called and held on _____, 20____. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Be it Resolved, that any _____ of the following named officers, employees, or agents of this Corporation or Partnership whose actual signatures are shown below.

<u>Names</u>	<u>Positions</u>	<u>Actual Signatures</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

acting for and on behalf of the Corporation/Partnership and as its act and deed be, and they hereby are, authorized and empowered to:

- A. **Sign for and on behalf** of the Corporation/Partnership in order to open one or more Business Credit Card Account(s) with State Bank of Southern Utah (hereinafter called "Bank"), to name and request the issuance of cards to employees of said Corporation/Partnership, to deposit monies into Bank deposit accounts as security collateral for the repayment of credit extensions, to convey, grant, assign, transfer, pledge, mortgage, hypothecate, and deliver by such instruments or otherwise as may be demanded by the Bank to secure the payment of any indebtedness of the Corporation/Partnership, and to do all other acts and to perform all obligations incident and necessary to the maintenance and satisfaction of the Business Credit Card Account(s) in accordance with the terms and conditions of said Account. Such terms and conditions acknowledged as received and presented to the Board of Directors on or before the date this Resolution was adopted.
- B. **Select from time to time** those employees and agents in whose name such Cards are to be issued, and apply to Bank for the issuance of such Credit Cards, and to execute such application forms and agreements in connection therewith as Bank may require, and to pay all indebtedness incurred by use of such credit cards whether authorized or unauthorized.

Resolved Further, that the foregoing powers and authority will continue until written notice of revocation has been received by the Bank.

I Further Certify that the officers, employees, and agents named above are duly elected, appointed, or employed by or for the Corporation/Partnership, as the case may be, that the foregoing Resolutions now stand of record on the books of the Corporation/Partnership; and that the Resolutions are in full force and effect and have not been modified or revoked in any manner whatsoever.

In Testimony Whereof, I have hereunto set my hand on _____ as such Secretary and attest that the signatures set opposite the names listed above are their genuine signatures.

Corporate Seal

Corporation Secretary

General Partner

General Partner

General Partner

General Partner

Certification Regarding Beneficial Owners of Legal Entity Customer

Account Number: _____

I. General Instructions

What is 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 purpose 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, personal trusts, unincorporated associations, or natural persons opening accounts on their own behalf. An **excluded entity** includes a state or federally supervised financial institution, a government entity, a publicly traded company listed on a major exchange or their subsidiary, or a state regulated insurance company (**See page 4 of this document**).

What information do I have to provide?

This form requires you to provide the name, address, date of birth, physical residence address, Social Security Number (or passport number or other similar information, in the case of foreign persons), identification information, phone number, and percent of ownership 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).

Certification Regarding Beneficial Owners of Legal Entity Customer

Account Number: _____

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), 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 (i), you must provide the identifying information of one individual under section (ii). 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% of equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

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.

II. Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account

Name: _____

Title: _____

b. Name and Physical Address of Legal Entity for Which the Account is Being Opened:

Legal Entity Name: _____

Entity Type: _____

Physical Address: _____

Certification Regarding Beneficial Owners of Legal Entity Customer

Account Number: _____

- c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **25 percent or more** of the equity interests of the legal entity listed above:

Name/Title	Date of Birth	Physical Residential Address	For U.S. Persons Social Security Number/and ID Information	For Foreign Persons: Passport Number and Country of Issuance or other similar identification number*	Phone Number	% Ownership

(If no individual meets this definition please write "Not Applicable")

Certification Regarding Beneficial Owners of Legal Entity Customer

Account Number: _____

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer): or
- Any other individual who regularly performs similar functions

(If appropriate, an individual listed under section (c) above may also be listed in this section (d))

Name/Title	Date of Birth	Physical Residential Address	For U.S. Persons Social Security Number/and ID Information	For Foreign Persons: Passport Number and Country of Issuance or other similar identification number*	Phone Number

*In lieu of a passport number, foreign persons may also provide 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.

Check If Excluded Entity Entity Type: _____

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____