

I Business Information Requested Credit Line Amount \$ _____

Company Name (please do not exceed 20 characters) _____ TIN # _____ Time as Owner _____
 Mailing Address _____ City _____ State _____ Zip _____ Year / Month _____

Phone # _____ Gross Annual Sales \$ _____ Current Business Checking Account Balance \$ _____
 () - _____ \$ _____ \$ _____

Email Address _____

Type of Business (please specify) _____ Legal Structure (please specify) _____
 Farm Non-Profit Other _____ Corporation Sole Proprietorship Partnership Other _____

II Please Tell Us About Yourself (Authorizing Officer)

First Name _____ Last Name _____

Social Security # _____ Home Phone () - _____ Mother's Maiden Name _____

Personal Street Address _____ City _____ State _____ Zip _____

Personal Annual Income \$ _____ DOB (mm/dd/yy) _____ Residence Own Rent _____ How Long at Address? Years _____ Months _____

Your alimony, child support and separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.

III Personal Financial Statement

Assets: Cash on Hand (Checking, Savings, Cash) \$ _____	Liabilities: Real Estate Loans \$ _____
Marketable Securities \$ _____	Credit Card Debt \$ _____
Automobile, Equip, Machinery \$ _____	Automobile, Equip, Machinery Loans \$ _____
Real Estate (Current Market Value) \$ _____	Other Loans \$ _____
Other \$ _____	Total Liabilities \$ _____
Total Assets \$ _____	Net Worth: (Assets - Liabilities) \$ _____

Additional financial information may be requested.

IV Request for Balance Transfer Transfer the amount indicated from the account listed below to my new credit card account:

Financial Institution _____ Payment Address _____

Account Number (refer to credit card) _____ City _____ State _____ Zip _____

AMOUNT I WANT TO TRANSFER: \$ _____

Use this space to add more employees to your account. Your additional cards are free.

1 Full Name of Employee _____	SS# _____	D.O.B (mm/dd/yy) _____
2 Full Name of Employee _____	SS# _____	D.O.B (mm/dd/yy) _____

V Please Sign Below (I am submitting this application on behalf of the company as its authorized representative and on behalf of myself as an individual guarantor of payment. I certify that I am an owner, officer or partner of the company with the authority to bind the company to the terms of the Business Line of Credit and Visa Business Card Agreement. I also, in my individual capacity (even though I may place a title or other designation next to my signature) unconditionally guarantee and promise to pay to Bank all indebtedness of the applicant at any time arising under or relating to this application as well as any extensions, increases, or renewals of that indebtedness.)

Authorizing Officer must be one of the following (check one): Owner President Partner Vice President Treasurer % of Ownership _____

Your Signature as Authorizing Officer _____ Date _____

For office use only
 Referral Source Name: _____ Referral Source Code: _____