MasterCard® Business Application

PLEASE CHOOSE ONE:
Preferred Points Card
Rewards Option: \$49 Annual Fee per Account
No Annual Fee
No Annual Fee

BUSINESS NAME (BORROWER) BUSINESS ADDRESS CITY STATE ZIP CODE BUSINESS PHONE TAX ID# COMMERSHIP (CHECK ONE) Sole Proprietorship Partnership Private Corporation IPublic Corporation INO Profit Type of goods or services provided:	EEMENT.			
BUSINESS PHONE TAX ID# OWNERSHIP (CHECK ONE) Sole Proprietorship Partnership Private Corporation Public Corporation Non Profit Type of goods or services provided: Individual Billing Summary Billing with Sub Accounts Please check this box if you would prefer to receive a Visa Card. Individual Billing Summary Billing with Sub Accounts Please check this box if you would prefer to receive a Visa Card. IMPORTANTI THE FOLLOWING INFORMATION MUST ACCOMPANY APPLICATION: Current Year END FINANCIAL STATEMENTS INCLUDING BALANCE SHEET AND NCOME STATEMENT, IF APPLICANT IS A CORPORATE RESOLUTION AND ARTICLES OF INCOMPANIATION, IF APPLICANT IS A PARTNERSHIP AND Applicant Information (Copy to make additional pages if needed) TITLE CREDIT LIMIT REQUESTED DATE OF BIRTH SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X TITLE CREDIT LIMIT REQUESTED DATE OF BIRTH SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X TITLE TITLE CREDIT LIMIT REQUESTED DATE OF BIRTH SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X TITLE TITLE	EEMENT.			
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Type of goods or services provided:	EEMENT.			
If proprietorship, partnership or private corporation, have any of the principals ever filed for bankruptcy? Yes No Number of years current management has operated business:	EEMENT.			
IMPORTANT! THE FOLLOWING INFORMATION MUST ACCOMPANY APPLICATION: CURRENT YEAR END FINANCIAL STATEMENT. IF APPLICANT IS A CORPORATION, INCLUDE CORPORATE RESOLUTION AND ARTICLES OF INCORPORATION, IF APPLICANT IS A PARTNERSHIP, INCLUDE PARTNERSHIP AND Applicant Information (Copy to make additional pages if needed) NAME TITLE CREDIT LIMIT REQUESTED DATE OF BIRTH SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X TITLE TITLE CREDIT LIMIT REQUESTED DATE OF BIRTH SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X TITLE SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X TITLE SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X CITY STATE ZIP SIGNATURE X TITLE SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER ADDRESS CITY STATE ZIP SIGNATURE X CITY STATE ZIP NAME TITLE CEDIT LIMIT REQUESTED				
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employment information by any means, including obtaining information from check or credit-reporting agencies and/or from other sources. This application is submitted to obtain credit. You also may obtain and commercial reports) for any reason on me and/or the business from time to time in the future when updating, renewing, or extending the account. If a migring on my own behalf, I under on my request you will tell me whether or not you requested a credit report on me and the names and addresses of any credit bureau that provided such reports. You may do so at the time the account is close any time while the account is open, or after the account is closed if I or the business from time to time in the future when updating, renewing, or extending the account is not updating. I note the business's credit history with you. I/We agree this application will remain your property whether this application is approved or not. STATE LAW DISCLOSURES: <u>CA Residents</u> ; Regardless of your marital status, you may apply for credit in your name alone. If this is a joint account, after credit approval, each applicant has the right to use this the extent of any credit limit set by the creditor, and each applicant may be liable for all amounts of credit extended under this account to any joint applicant. DE and MD Residents; Service charges not in excess permitted by law will be charged on the outstanding balances from month to month. <u>NY Residents</u> ; Consumer reports may be requested in connection with the processing of your application and any resulting account request, we will inform you of the names and dardesses of any consumer reporting agencies which have provided us with such reports. New York residents may contact the New York State Banking Department, 1-800-518-8866. <u>OH Residents</u> ; The Ohio laws against discrimination require that all creditors make cre available to all creditivorthy customers, and that credit reporting agencies mich histories on each individual upon request. The Ohio chivi lights commission administers co	stand that pened, at ny and/or account to s of those unt. Upon o obtain a dit equally v. <u>Married</u>			
the time the credit is granted, is furnished a copy of the agreement, statement, or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. DATE OWNER, PARTNER OR PRESIDENT V V V V V V V V V V V V V V V V V V V				
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BANK # EMPLOYEE CODE: (Not to exceed 5 alpha or numeric characters) CL CDS DT BY	11 1			

Page 1 of 2

Please print, sign, and return this completed application (page 1) along with any required supporting documentation to: 877-809-9162 (fax) or banksupport@mybankersbank.com (e-mail).

MasterCard® Business Application

	STANDARD CARD	PREFERRED POINTS CARD		
Interest Rates and Interest Charges				
Annual Percentage Rate (APR) for Purchases	14.24% This APR will vary with the market based on the Prime Rate. ^a			
APR for Balance Transfers and Cash Advances	14.24% This APR will vary with the market based on the Prime Rate. ^a			
Penalty APR and When it Applies	 19.24% – This APR will vary with the market based on the Prime Rate.^b This APR may be applied if you allow your Account to become 60 days past due. How Long Will the Penalty Apply? If your APR is increased for the reason stated above, the Penalty APR will apply until you make three consecutive minimum payments when due. 			
How to Avoid Paying Interest	Your 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.			
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 http://www.consumerfinance.gov/learnmore/ .			

Fees			
Annual Fee	None	\$49 per Account	
Transaction Fees:			
Balance Transfer and Cash Advance	Either \$10 or 3% of the amount of each balance transfer or each cash advance, whichever is greater.		
International Transaction	2 % of each transaction in U.S. dollars.		
Penalty Fees:			
Late Payment	Up to \$25		
Returned Payment	Up to \$25		
Other Fees:			
Pay-by-Phone	Up to \$10 for agent assisted payments.		

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." See your account agreement for more details.

Prime Rate: After the introductory rate, the APR will vary based on changes in the Index, the Prime Rate (the base rate on corporate loans posted by at least 70% of the ten largest U.S. banks) published in the *Wall Street Journal*. The Index will be adjusted on the 25th day of each month or the business day preceding the 25th day if that day falls on a weekend or a holiday recognized by the Board of Governors of the Federal Reserve System. Changes in the Index will take effect beginning with the first billing cycle in the month following a change in the Index. Increases or decreases in the Index will cause the APR and periodic rate to fluctuate, resulting in increased or decreased Interest Charges on the Account. As of September 25, 2014, the Index was 3.25%.

^a We add 10.99% to the Prime Rate to determine the APR for Purchases, Balance Transfers, and Cash Advances. The Account will never have an APR over 21%.

^b We add 15.99% to the Prime Rate to determine the Penalty APR. The Account will never have an APR over 21%.

If at least one box at the top of the application is not checked, or, if too many boxes are inadvertently checked, you will be deemed to have selected the Standard Card with the individual billing option.

If you check the box to receive a Visa Card, you understand and agree that the benefits for a Visa Card are different than for a MasterCard[®] Card. The issuer and administrator of the credit card program is TIB-The Independent BankersBank.

The information about the cost of the Card described in this table is accurate as of October 1, 2014. This information may change after that date. To find out what may have changed, call us at 800-367-7576 or write TIB-The Independent BankersBank, P.O. Box 569120, Dallas, Texas 75356-9120.