



# VISA APPLICATION AND AGREEMENT



## BUSINESS PROFILE

Business/Corporate Name (the "company"):

DBA (Doing Business As) Name:

Federal Tax ID Number:

Business Phone Number:

Site Address (No Post Office Box):

City / State / 9 Digit Zip Code:

Authorized Officer(s) must have an ownership interest in the company with the authority to bind the company to the terms of this Agreement as the company's duly representative as one of the following: President, Chairman, Vice President, Treasurer, Owner, Proprietor, or Partner.

Name of Authorized Officer/Principal:

Signature of Authorized Officer/Principal:

Date:

Title (Required):

By signing, I acknowledge I have read this Application and Agreement and authorize the additional employee user(s) below.

## AGREEMENT

Each of the above-signed Authorized Officer(s)/Principal(s) certifies that the execution, delivery and performance of this Application and Agreement has been duly authorized by all necessary action by the company, and will provide evidence of such action upon request. The company agrees to provide any further financial information requested by United Bankers' Bank (UBB), which is the prospective creditor and issuer of the VISA Business Bankcards which are the subject of this Application and Agreement. The company authorizes UBB to obtain credit bureau reports to investigate the creditworthiness of the company, the Authorized Officer(s)/Principal(s), and any Authorized Employee User(s), to rely upon the accuracy of the information contained there-in and in this Application, and to consider the applicants, and any of them, for a lower credit line than requested. If UBB agrees to extend credit based upon this Application and Agreement and also upon information authorized to be obtained and reviewed by UBB under this Application and Agreement, the company, each of the above-signed Authorized Officer(s)/Principal(s) of the company and any Authorized Employee User(s) each agree as follows: By signing this Application and Agreement, each Authorized Officer(s)/Principal(s), for and on behalf of the company, request(s) that UBB establish a VISA Business Bankcard account for each proposed Authorized Officer(s)/Principal(s) of the company named above, and for each proposed Authorized Employee User(s) named below and on the backside of this application, and that it issue a VISA Business Card, capable of accessing the appropriate respective account, to each of them. UBB is authorized to investigate, obtain, and exchange reports and information regarding this Application and Agreement and any resulting account(s) with credit reporting agencies, with the company and with others, including banks doing business with UBB, with legitimate business needs for such reports or information. UBB shall have the right to increase or decrease the initial credit line assigned to each account over the life of the account according to UBB credit guidelines, account history and the financial circumstances of any person or entity with charging privileges on the accounts. All accounts established in response to this Application (1) shall be used exclusively for business purposes for the benefit of the company and (2) shall be governed by the terms of the Cardholder Agreement provided when the Card(s) is issued, and as it may be amended from time to time, except in case of any inconsistencies between the Cardholder Agreement and this Application and Agreement, in which case the terms of this Application and Agreement shall govern unless expressly overridden by the Cardholder Agreement, and any amendments thereto. The term "person" in the Cardholder Agreement includes the company, each individual Authorized Officer(s)/Principal(s) and each individual Authorized Employee User(s). The company and each individual Authorized Officer(s)/Principal(s) shall all be jointly and severally liable for the repayment of all charges and account balances with respect to each account opened under this Application and Agreement. In addition, each individual Authorized Employee User(s) shall be individually liable for the repayment of all charges and account balances with respect to his/her individual account opened under this Application and Agreement.

## ADDITIONAL AUTHORIZED EMPLOYEE USER(S): LIST ADDITIONAL EMPLOYEES ON BACKSIDE

Name of Employee:

Social Security Number:

Date of Birth:

Residential Address:

Home Phone Number:

Business Phone Number:

Credit Line Requested by Company:

Signature of Authorized Employee User:

Date:

By signing, I acknowledge I have read this Application and Agreement and agree to its terms, individually on my own behalf.

ANNUAL FEE	ANNUAL PERCENTAGE RATE	GRACE PERIOD	BALANCE COMPUTATION METHOD	TRANSACTION FEES
\$15* \$25 -Rewards Program	Introductory APR currently 3.5% for first six months, then variable APR currently 9.5% which may vary quarterly	25 days on purchases. None on cash advances.	Average Daily Balance Method (including new purchases).	Over Limit Fee: \$15 Late Payment Fee: \$5 or 5% whichever is greater Cash Advance Transaction Fee: 2% of amount obtained with a \$2 minimum and \$20 maximum

The Introductory APR is based upon the highest Prime Rate in the *Wall Street Journal, Midwest Edition*, published and in effect on the 1st calendar day following each quarter end. Any change in APR will correspondingly take effect on the 15th calendar day following quarter end. Following the introductory period, the APR each quarter is determined by adding 6% percentage points to the highest Prime Rate published in the *Wall Street Journal, Midwest Edition*, on the 1st calendar day following each quarter end, effective on the 15th day. Information is accurate as of January 15, 2016. To find out if any changes have occurred, call us at (800) 752-8140 or (952) 886-9545. **\*If less than \$5000 in purchases are made within the 12 month period.**

**ADDITIONAL AUTHORIZED EMPLOYEE USER(S): LIST EACH EMPLOYEE INDIVIDUALLY**

2. Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_ Credit Line Requested by Company: \_\_\_\_\_  
 Signature of Authorized Employee User: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 By signing, I acknowledge I have read this Application and Agreement and agree to its terms, individually on my own behalf.

3. Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_ Credit Line Requested by Company: \_\_\_\_\_  
 Signature of Authorized Employee User: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 By signing, I acknowledge I have read this Application and Agreement and agree to its terms, individually on my own behalf.

4. Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_ Credit Line Requested by Company: \_\_\_\_\_  
 Signature of Authorized Employee User: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 By signing, I acknowledge I have read this Application and Agreement and agree to its terms, individually on my own behalf.

5. Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_ Credit Line Requested by Company: \_\_\_\_\_  
 Signature of Authorized Employee User: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 By signing, I acknowledge I have read this Application and Agreement and agree to its terms, individually on my own behalf.

6. Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_ Credit Line Requested by Company: \_\_\_\_\_  
 Signature of Authorized Employee User: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 By signing, I acknowledge I have read this Application and Agreement and agree to its terms, individually on my own behalf.

ANNUAL FEE	ANNUAL PERCENTAGE RATE	GRACE PERIOD	BALANCE COMPUTATION METHOD	TRANSACTION FEES
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**DOCUMENTATION REQUIRED: PLEASE ATTACH THE FOLLOWING INFORMATION**

- \_\_\_\_\_ Most Recent year-end financial statement. Must include balance sheet, income statement, and statement of cash flow, if applicable
- \_\_\_\_\_ Financial statements for the last three years if aggregate credit lines requested meet or exceed \$10,000.

**RETURN COMPLETE APPLICATIONS WITH FINANCIAL STATEMENT(S) TO:**

VISA SERVICE CENTER, 1650 W. 82nd St. #1500, BLOOMINGTON, MN 55431-1467