CREDIT APPLICATION

Check Account Choice: (Only One) □ Sole Owner Partnership

Visa® Business Card Credit Limit Requested \$ Corporation IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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** Type of Business How Many Years in Business ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS: Attach additional sheet if necessary (with signatures) The information gathered for the individuals to receive the credit cards includes the signature at the bottom of each box Last Name Social Security Number First Middle Company Title Date of Birth Division / Department Home Address City State Zip Home Phone Signature Limit for this Individual Card: \$ Date Last Name First Middle Social Security Number Date of Birth Company Title Division / Department Home Address State Home Phone City Zip Signature Limit for this Individual Card: \$ Date Attach additional sheet if necessary (with signatures) CREDIT INFORMATION Institution Name and Address Branch Loans □ Open □ Closed Checking Account Number / Name Listed Savings Account Number / Name Listed Name and Address of Trade References Name Under Which Account Is Carried Account Number Balance Monthly Payment 2. \$ \$ 3. Institution Credit Card / Institution Name and Address \$ **CONDENSED BUSINESS FINANCIAL STATEMENT** Bank reserves the right to require additional information **CURRENT ASSETS** CURRENT LIABILITIES \$ TOTAL ASSETS TOTAL LIABILITIES \$ \$ NET WORTH (Total Assets Less Liabilities) IMPORTANT: THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED. \$ SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that 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 bank card 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 **TREASURER** V.P. OWNER PARTNER

Applicant Signature Title Date Authorizing Signature Title Date

PERSONAL GUARANTY

facsimile of my signatu X	ire, in any capacity, may b	e used as evidence of my agree	ment to the term	s of this guaranty.		
Applicant Signature	Title	Date				
CREDIT DISCLOS	URES					
Annual Percentage Rate for Purchases		12.88%	Grace Period for re-payment of balances for purchases		Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases and/or balance transfers if you pay your entire balance by the due date. We will begin charging interest on cash advances on the transaction date.*	
Annual Percentage Rate for Cash Advances		12.88%	Balance for I		Excluding N	Daily Balance ew Purchases*
Annual Percentage Rate for Balance Transfers		12.88%	*A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your previous			
Penalty APR		NONE	closing date of that statement. If you elect not to pay the entire new balance shown on your previous monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges. A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue on the unpaid average daily balance of such Cash Advances until the date of payment if paid during the same billing cycle, or until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. If the new balance shown on your monthly statement for the prior billing cycle is paid in full within 25 days of the closing date of			
Minimum Finance Charge		\$1.00				
Annual Fee		\$39.00 per card, non-refundable				
Transaction Fee for Cash Advanced		Up to \$5.00 or 3.0% of the amount advanced.				
Foreign Transaction Fee		Up to 1.0%				
Late Payment Fee		Up to \$35.00				
Over-the-Credit Limit Fee		Up to \$25.00				
Return Payment Fee		Up to \$25.00	monthly statement for the prior billing cycle is paid in full within 25 days of the closing date of that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.			
Other Fees		NONE				
The information about the on This information is subject Security State Bank, PO Bo	costs of the cards described a to change. To receive the mo ox 279, Hibbing, MN 55746.	bove is accurate as of January 2017. st up to date information, write us at				
RETURNED CHEC						
	.00 will be charged for any ALANCE REQUEST	returned checks				
Upon approval, I wish t	to transfer my present bala	nce on the credit card account(s) of posting to your new account.	listed below to n	ny new Security S	State Bank credit card ac	count. The balance
Credit Card Issuer			Account Number			
			Amount to be Transferred \$			
City, State, Zip						
X	T (1)		X	0' 1	T:11-	Data
Applicant Signature FOR INTERNAL U	Title SE ONLY	Date	Authorizing	Signature	Title	Date
ACCOUNT NO. (1)	OL OIVLI		ACCOUNT NO). (2)		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE	CREDIT LINE	APPROVED BY	
		70 THOVED DI	APPROVED		74111012551	
NO. CARDS	PRO. CODE		NO. CARDS	PRO. CODE		
Security State Bank, MN 55746		FOLD AND SECURE rate at the time of printing, for changes tha			all (800) 819-0839.	Application ©2009 FIS* 01/17