

CREDIT APPLICATION

Visa® Business Card

Check Account Choice: (Only One)

☐ Sole Owner

☐ Partnership

☐ Corporation

Credit Limit Request \$

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.

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:

The information gathered for the individuals to receive the credit cards include the signature at the bottom of each box: Attach additional sheet if necessary (with signatures)

Last Name			First	Middle	Social Security Number	
Company Title					Date of Birth	
Home Address		City	State	Zip Code	Home Phone	
Signature			Date		Limit for this Card: \$	

Last Name			First	Middle	Social Security Number	
Company Title					Date of Birth	
Home Address		City	State	Zip Code	Home Phone	
Signature			Date		Limit for this Card: \$	

CREDIT INFORMATION Attach additional sheet if necessary (with signatures)

Institution Name and Address		Branch	Loans	Open	<input type="checkbox"/>	Closed	<input type="checkbox"/>
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
1.			\$	\$
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	\$
IMPORTANT: THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED.	NET WORTH	\$
	(TOTAL ASSETS LESS LIABILITIES)	

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 base 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 of 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

☐ V.P.

☐ TREASURER

☐ OWNER

☐ PARTNER

X		X	
Applicant Signature		Authorizing Signature	
Title	Date	Title	Date

PERSONAL GUARANTY

I unconditionally guaranty in individual capacity to be jointly and severally liable with the Business for all charges to the account including those by authorized users and all balances incurred on all cards an accounts issued pursuant to the Application now and for such additional accounts that may be established in the future. I agree I will pay Bank’s costs and attorney’s fees in enforcing this guaranty; this guaranty shall benefit Bank and its successors and assigns; and electronic facsimile of my signature, in any capacity, may be used as evidence of my agreement to the terms of this guaranty.

X	
Applicant Signature	
Title	Date

FOR INTERNAL USE ONLY		CARD 1 NUMBER
APPROVED BY	DATE	CREDIT LIMIT
		CARD 2 NUMBER

CREDIT DISCLOSURE

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 closure 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 the cash advance on the transaction date. *
Annual Percentage Rate for Cash Advances	12.88%	Method of Computing the Balance for Purchases	Average Daily Balance Excluding New 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 to not 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 during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to 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 that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.	
Penalty APR	NONE		
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		
Other Fees	NONE		
The information about the costs of the cards described above is accurate as of January 2017. This information is subject to change. To receive the most up to date information, write us at Security State Bank, PO Box 279, Hibbing, MN 55746.			

RETURNED CHECKS

Return Fee of up to \$25.00 will be charged for any returned checks

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new Security State Bank credit card account. The balance transfer will be subject to finance charges the day of posting to your new account.

Credit Card Issuer _____ Account Number _____

Payment Address _____ Amount to be Transferred \$ _____

City, State, Zip _____

X _____

Applicant Signature

Title

Date

X _____

Authorizing Signature

Title

Date

FOR INTERNAL USE ONLY

APPROVED BY	DATE	CREDIT LIMIT	CARD 1 NUMBER
APPROVED BY	DATE	CREDIT LIMIT	CARD 2 NUMBER