

Small Business Credit Card

New Business Credit Card Account Relationship

New Account Opening Packet Contents

1. **Mastercard® BusinessCard Application** (required for each applicant)
2. **Certification & Directive**
3. **Certification of Beneficial Owner(s)**
4. **Personal Guaranty**
5. **Restriction Form** (optional request)
6. **eZ Business Card Management Request** (optional request)

Please submit completed documentation to:

BankCard Services
PO Box 779
Jefferson City, MO 65102
Fax 573.634.1104

Business Card Application

Farmers & Merchants Bank of Bushnell

Officer # _____

Please Return Completed Application to
BankCard Services
 P.O. Box 779, Jefferson City, MO 65102
 Fax: 573-634-1104

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	12.24% This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	12.24% This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	27.24% This APR will vary with the market based on the Prime Rate.
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Fees	
Annual Fee	None
Transaction Fees	<ul style="list-style-type: none"> Balance Transfer: Either \$10 or 4% of the amount of each transfer, whichever is greater Cash Advance: Either \$10 or 4% of the amount of each cash advance, whichever is greater International Transaction: 3% of each transaction once converted into U.S. dollars
Penalty Fees	<ul style="list-style-type: none"> Late Payment: Up to \$30 Returned Payment: Up to \$25

Card cost information is accurate as of (05/2019). For updates, call (1-800-445-9272) or write us at BankCard Services, P.O. Box 779, Jefferson City, MO 65102.

1. Your Business Information

Name of Business (as it will be displayed on your card – max of 21 characters) _____

Legal Name of Business (if different from above) _____

Taxpayer ID Number _____ Business Phone Number _____

Business Mailing Address _____

Business Mailing City, State Zip _____

Physical Address _____

Physical City, State Zip _____

E-Mail Address (optional) _____

Years In Business _____ Number of Employees _____ Gross Annual Revenue \$ _____

Line of Business: _____

Type of Business: Professional Service
 Retail Manufacturing
 Sales Other

Legal Structure *: Corporation Sole Proprietorship
 Partnership Non-Profit
 LLC Other

* We reserve the right to request additional financial information from the company or guarantor.

2. Employee Information- The following is to be a recipient of a Mastercard® BusinessCard issued by The Central Trust Bank and hereby agrees to having such card issued bearing the respective name of the undersigned:

Last Name _____	First Name _____	Initial _____	Credit Limit Requested \$ _____
Birth Date _____	Social Security # _____	Home Phone _____	Work Phone _____
Physical Home Address _____	Driver's License # _____	State Issue _____	Issue Date _____
Physical City, State Zip _____	Employee's Signature _____	Exp. Date _____	

If this application is accepted and the requested Mastercard issued, the company shall have entered into a contract with bank, subject to the terms and conditions transmitted with said card, and any future amendments thereto. The term "cardholder" in the Mastercard Agreement refers to both the company and the persons named on the card. The company is liable for all amounts incurred through the use of such cards. Each Mastercard bankcard issued shall be an extension of said contract. Upon consideration of this application, bank may request a consumer credit report or reports for employees and/or authorized signer(s) from one or more consumer reporting agencies. Information may be exchanged with others regarding bank's extension of credit to applicant. Bank reserves the right to retain this application whether or not it is approved. The authorized signer (applicant) in signing below certifies that all sections of this application have been read by the applicant and that the information contained hereon is true and correct and the applicant further certifies that he/she is 18 years of age or older. The giving of false information on applications for credit is a criminal offense and may be punishable by a fine and/or imprisonment. IF THIS APPLICATION IS APPROVED, THE MASTERCARD® BUSINESSCARD WILL BE ISSUED BY THE CENTRAL TRUST BANK, JEFFERSON CITY, MO, AS CREDITOR TO THE PERSON NAMED THEREON.

3. Authorized Officer Signature/Guarantor

I am an Authorized Officer of the Business with the authority to bind the Business to the terms of this Agreement. ** The execution, delivery and performance of this Agreement have been duly authorized. I understand that the Business and I are individually and jointly liable for paying charges on the Account according to the Terms and Conditions.

Authorized Signature(s) _____ Date _____

4. Choose a payment option

Consolidated Statement
 Individual Statement

Rebates or Reward incentives are credited on the billing statement

**Important: A Certification and Directive noting authorized signer must accompany this form or be on file with BankCard Services in order to process this application.

BANKCARD SERVICES
CERTIFICATION AND DIRECTIVE

The undersigned representative(s) (whether one or more, the “Representative”) of the below named Company (the “Company”) hereby certifies to BankCard Services (“BankCard Services”) on behalf of Company that the following certificate and directive have (i) been approved by the authorized governing body of or the individuals comprising Company in accordance with the organizational documents of Company, and (ii) not been amended, modified or revoked as of the date hereof.

Certification

1. The name of Company is _____.
2. The physical address of Company is _____.
3. The federal tax identification number of Company is _____.
4. Company is, and at all times shall be, duly organized and validly existing under the laws of the state of its origin and the state where Company is located.
5. Company has the full power and authority to enter into and perform any and all agreements incidental to the bank card services provided to Company by BankCard Services and to authorize the persons designated herein to transact business on behalf of Company in connection with such bank card services.
6. Company has duly authorized the Representative to complete the Certification and Directive on behalf of Company.
7. Company will promptly notify BankCard Services in writing at the address first given above (or such other address as BankCard Services may designate from time to time) prior to: (a) any change in Company’s name; (b) any change in Company’s assumed business name; (c) any modification or rescission of the Directive below; or (d) any change in any other aspect of Company that directly or indirectly relates to any agreements between Company and BankCard Services.

Directive

1. BankCard Services is designated as Company’s provider of bank card services subject to such terms, conditions, rules and regulations of BankCard Services governing bank card services from time to time, and Company’s agreement with such terms, conditions, rules and regulations shall be conclusively presumed by Company’s use of the bank card services;
2. All acts and things done prior to the date hereof by or on behalf of Company in connection with the bank card services are hereby ratified, confirmed, and approved;
3. Any and all prior agreements by the Company concerning the bank card services continue in full force and effect as supplemented or modified herein.

4. Company, as any of the persons named below (the “Authorized Persons”) shall deem necessary or desirable, shall enter into and deliver such instruments, documents, agreements, and other writing as in the opinion of the Authorized Persons may be necessary or desirable to obtain the bank card services (the “BankCard Documents”). Each of the Authorized Persons is hereby authorized and directed (individually and without the joinder of any other Authorized Person) to enter into and deliver on behalf of Company, as the Authorized Person may deem necessary or desirable, any and all of the BankCard Documents contemplated by these Resolutions, each BankCard Document to be in form and content satisfactory to the Authorized Person(s), such satisfaction to be conclusively evidenced by the Authorized Persons execution of the same, and to do all such acts and things as in the opinion of the Authorized Persons may be necessary or desirable in connection with the bank card services. Any of the Authorized Persons may act on behalf of the Company without the joinder of any other person.

The Authorized Representatives are as follows:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINUING VALIDITY. This Certification and Authorization shall remain in full force and effect and BankCard Services may rely upon it until written notice of its revocation or amendment shall have been delivered to, received, and acknowledged by BankCard Services. Any such notice shall not affect any of Company’s liabilities, obligations or agreements in effect at the time such notice is given.

BankCard Services may rely upon the foregoing Certification and Authorization in extending bank card products and services to Company.

IN WITNESS WHEREOF, the foregoing Certification and Authorization is executed and shall be effective on the date first stated below.

_____ Date
 _____ Name:
 _____ Title:

INTERNAL BANKCARD USE	
ATTEST _____	Accepted by BankCard Services on
Name: _____	_____, 20__
Title: _____	

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form is required to be completed by the person opening or modifying an account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (an example could be a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer or Controller).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii).

It is possible that in some circumstances that the same individual will be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

You may also be asked to supply a copy of the driver's license/ passport or other identifying document for each beneficial owner or controller listed on this form.

If the beneficial owners lives greater than 60 miles from the bank, the documentation supporting this required information may be copied and sent (including a secure email or similar) to the customer service representative opening the account.

Account Number _____

Account Type _____

II. CERTIFICATION OF BENEFICIAL OWNER(S)**Persons opening or modifying an account on behalf of a legal entity must provide the following information:**

a. Name of Person opening account or modifying the Business Relationship:

b. Name and Address of Legal Entity for Which the Account is Being Opened/Modified:

c. The following information for each **individual**, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:*If no individual meets this definition, please enter "Not Applicable" below and **explain the exemption reason** (i.e. All Ind. Own <25%; Charity/Non-Profit; etc.):

Name	Date of Birth	Address (Residential or Business Street Address. Note if using Business.)	<i>For U.S. Persons: Social Security Number</i>	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number	Employer and Occupation	% of Ownership (Optional)

d. The following **REQUIRED** information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (an example could be a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer or Controller); or
- Any other individual who regularly performs similar functions.
(If appropriate, an individual listed under section (c) above may also be listed in this section (d))

Name (full legal name)	Date of Birth	Address (Residential or Business Street Address)	For U.S. Person(s) Social Security Number	<i>For Non-US Persons:</i> Passport Number and Country of Issuance, driver's license and/or other similar ID number

I, _____ (*name of natural person opening or modifying the account, please print*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____

Restriction Form

Employee # _____

If your company would like to restrict card availability at selected merchant types, please return completed form

Company Name: _____

Requestor Name: _____

Restriction Request Type- *Select only one*

- Company Restriction-** All company cards will be restricted
- Individual Restriction-** Only designated cards, listed below, will be restricted

Account(s) to restrict, please print cardholder's name, if additional space is needed, please continue on back of form, scan/email/fax both sides

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Cardholder Name: _____

Merchant Category Restriction Groups- *Select all that apply. Daily spending limits are optional.*

Daily Limit

Travel \$ _____

Government \$ _____

Personal Services \$ _____

Medical \$ _____

Cash \$ _____

Retail Services \$ _____

Business Services \$ _____

Authorized Signer: _____

Date: _____

Printed Name _____

(Authorized Signer must be listed on the BankCard Certification and Directive)

INTERNAL BANKCARD USE	
Effective Date: _____	Initials: _____



eZ Business Card Management Request


eZ Business Card Management allows your business Administrative Access to your business credit card information online. With eZ Business Card Management, you can manage your business credit cards in a single location, adjust credit limits, make payments and much more. <https://www.ezbusinesscardmanagement.com/>

Business Name Multiple businesses can be viewed with single username Provide all preferred businesses names	
Preferred Username	
Authorized Card Manager Access	Name: _____ Phone: _____
	Email: _____
Authorized Signor Must be Authorized Signor on BankCard Certification & Directive on file	<i>Signature</i>
	Printed Name: _____ Phone: _____

eZ Business Card Management users will have access to review all cards under your business and can set-up additional restricted, authorized users.

Business credit cardholders can continue to enroll and review their business credit card information through www.bankcardcenter.net, giving them access to each card under separate login credentials.

Submit completed form to BankCard Services

 573.634.1104

 **BankCard Services** PO Box 779 Jefferson City, MO 65102