

Business Card Application

Legence Bank

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 | 09.99% This APR will vary with the market based on the Prime Rate. |
| APR for Balance Transfers | 09.99% This APR will vary with the market based on the Prime Rate. |
| APR for Cash Advances | 24.99% 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 (06/2020). For updates, call (1-800-445-9272) or write us at BankCard Services, P.O. Box 779, Jefferson, 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 _____

Exp. Date _____

Physical City, State Zip _____

Employee's Signature _____

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.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical 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.