



BUSINESS CREDIT CARD APPLICATION

(For data entry, use the tab key to conveniently move to data entry fields.)

Business Name: _____
 Address: _____
 Phone: _____
 E-mail Address: _____

General Information

Type of Business: _____ Date Established: _____
 Tax I.D. No.: _____ Fiscal Year End (mm/dd): _____
 Legal Relationship: C-Corporation S-Corporation Partnership Sole Proprietorship
 Limited Liability Company Limited Liability Partnership
 Accountant Name: _____ Phone: _____
 Attorney Name: _____ Phone: _____
 Insurance Agent: _____ Phone: _____
 Authorization Resolution Dated: _____ On file To be provided
 Income tax return filed through year: _____
 Are audited financial statements prepared: Yes No
 Liability insurance coverage: Yes No Amount: \$ _____ -

Principals-100% of ownership must be shown. Use separate sheet if necessary.

Name	Address	Title	% Owned	SSN
Total			0.00%	

Declarations of Principal Owners, Officers, Directors (if yes, please furnish details on separate page)

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Are any involved in any claim or lawsuit? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Are any federal, state, or local taxes delinquent? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Are any liable under contingency or guarantor agreements? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Have any ever been involved in bankruptcy or solvency proceedings? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Do any have any outstanding judgments? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Have any ever had property foreclosed upon or given title in lieu of foreclosure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Are any payments delinquent for child support? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Do any owners of the business have interest in any other business as an owner, principal, or manager? (If yes, please furnish details on separate page.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Loan Request

Credit Limit Requested: \$ _____ - _____

Authorized Users:

Name	Address	Title	SSN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

1. _____ Authorized Signature _____ Date _____	2. _____ Authorized Signature _____ Date _____
3. _____ Authorized Signature _____ Date _____	4. _____ Authorized Signature _____ Date _____

Credit Disclosures

Annual Percentage Rate	Prime + 5.9%*	*Your annual percentage rate may vary daily and is determined by adding 5.9% to the prime rate as published in the Wall Street Journal.
Annual Fee	\$0	
Late Payment Fee	\$15	
Overlimit Fee	\$15	
Returned Check Fee	\$15	
Cash Advance Fee	2% of Advance or \$2 minimum	
Minimum Payment	3% of Balance	
Grace Period	25 Days	

Equal Credit Opportunity Notice

Credit Denial Notice. If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact TrustBank, 600 E. Main Street, P. O. Box 158, Olney, IL (618) 395-4311 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections extended to you.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act, the federal agency that administers compliance with this law concerning this creditor is the FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accuracy of the information contained herein and to determine the credit worthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Credit's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them. By signing below, the undersigned agree(s) to all the terms and conditions of this Application.

By: _____ Signature/Title _____ Date _____	By: _____ Signature/Title _____ Date _____
By: _____ Signature/Title _____ Date _____	By: _____ Signature/Title _____ Date _____

Joint Account - We intend to apply for joint credit.

(initials) (initials)

