

BUSINESS CREDIT APPLICATION

Credit Limit Requested \$ _____

Visa 6i glbYgg

Check Account Choice: New Account Credit Limit Increase

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, 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.

IMPORTANT:

READ THESE DIRECTIONS BEFORE COMPLETING THIS FORM AND CHECK APPROPRIATE BOX:

IF YOU ARE APPLYING FOR BUSINESS CREDIT SOLELY IN YOUR BUSINESS NAME AND ARE RELYING ON THE INCOME OR ASSETS OF ONLY THE BUSINESS AND NOT THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, COMPLETE SECTIONS A, C, D AND ALL APPLICABLE SCHEDULES, OMITTING B.

IF THIS IS AN APPLICATION FOR JOINT CREDIT WITH ANOTHER PERSON, COMPLETE ALL SECTIONS, PROVIDING INFORMATION IN SECTION B ABOUT THE JOINT APPLICANT(S). FOR THE PURPOSES OF THIS SECTION THE TERM APPLICANT INCLUDES ANY PERSON WHO IS OR MAY BECOME CONTRACTUALLY LIABLE REGARDING AN EXTENSION OF CREDIT INCLUDING GUARANTORS, SURETIES, ENDORSERS, AND SIMILAR PARTIES.
WE INTEND TO APPLY FOR JOINT CREDIT.

APPLICANT

CO-APPLICANT

IF YOU ARE APPLYING FOR INDIVIDUAL BUSINESS CREDIT, BUT ARE RELYING ON INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE OR ON THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, COMPLETE ALL SECTIONS TO THE EXTENT POSSIBLE PROVIDING INFORMATION IN B ABOUT THE PERSON ON WHOSE ALIMONY, SUPPORT OR MAINTENANCE PAYMENTS OR INCOME OR ASSETS YOU ARE RELYING.

SECTION A BUSINESS INFORMATION

LEGAL NAME OF ENTITY		TAX ID NUMBER/EMPLOYER ID NUMBER	
PHYSICAL ADDRESS		CITY	STATE ZIP
MAILING ADDRESS		CITY	STATE ZIP
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PC		YEAR ESTABLISHED	STATE OF ORGANIZATION
PHONE	FAX	CONTACT NAME	
NATURE OF BUSINESS		BUSINESS YEAR END	
INCOME TAXES FILED THROUGH DATE	ARE ANY RETURNS BEING CONTESTED OR AUDITED? <input type="checkbox"/> Y <input type="checkbox"/> N	IF YES, DESCRIBE	
ACCOUNTANT OR ACCOUNTING FIRM	FINANCIAL INFORMATION <input type="checkbox"/> SUBMITTED <input type="checkbox"/> TO BE SUBMITTED <input type="checkbox"/> COMPLETED STATEMENT ON FOLLOWING PAGE: <input type="checkbox"/> BUSINESS FINANCIAL STATEMENT <input type="checkbox"/> PERSONAL FINANCIAL STATEMENTS ON PERSONS LISTED IN SECTION B BELOW <input type="checkbox"/> BUSINESS TAX RETURN <input type="checkbox"/> PERSONAL TAX RETURN ON OWNERS/GUARANTORS		
NAMES OF PERSONS AUTHORIZED TO BORROW MONEY ON BEHALF OF THE BUSINESS:		MOST RECENT AUTHORIZATION DATED:	

SECTION B CO APPLICANTS; OWNERS; PRINCIPALS; GUARANTORS SUBMIT PERSONAL FINANCIAL STATEMENT FOR EACH APPLICABLE PERSON

NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER	NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER
NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER	NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER

SECTION C PROFIT AND LOSS

FROM	TO	
NET SALES		
GROSS PROFIT		
NET OPERATING PROFIT		
NET PROFIT/LOSS:		\$

SECTION D COLLATERAL

COLLATERAL DESCRIPTION, OWNERS, VALUE:

EQUAL CREDIT OPPORTUNITY ACT NOTICE

WERE YOUR GROSS REVENUES IN THE PREVIOUS FISCAL YEAR LESS THAN \$1,000,000?
 YES NO
IF YOU ANSWERED "YES" AND THE CREDITOR DENIES YOUR APPLICATION FOR CREDIT, YOU HAVE THE RIGHT TO OBTAIN A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT PLEASE CONTACT: CITIZENS BANK; CUSTOMER SERVICE; POBOX 1900; ELIZABETHTON, TN37644; (423) 543-2265 WITHIN 60 DAYS FROM THE DATE YOU WERE NOTIFIED OF THE CREDITOR'S DECISION. THE CREDITOR WILL SEND YOU A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE NOTICE AT THE RIGHT DESCRIBES ADDITIONAL PROTECTIONS EXTENDED TO YOU.

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 (PROVIDED THAT THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR 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 FEDERAL DEPOSIT INSURANCE CORPORATION; CONSUMER RESPONSE CENTER; 1100 WALNUT ST, BOX #11; KANSAS CITY, MO 64106.

SIGNATURES

KNOWING THAT YOU WILL RELY UPON THE REPRESENTATIONS MADE BY ME (US) IN THIS APPLICATION AND ALL APPLICABLE SCHEDULES ON BACK AND ALL ATTACHMENTS, AND IN ORDER TO INDUCE YOU TO GRANT THIS CREDIT, INCREASE THE AMOUNT OF MY CURRENT CREDIT, OR RENEW OR MODIFY MY EXISTING CREDIT, THE UNDERSIGNED APPLICANT(S) AUTHORIZE YOU TO OBTAIN SUCH INFORMATION AS YOU MAY REQUIRE (WHICH MAY INCLUDE OBTAINING REPORTS FROM CONSUMER REPORTING AGENCIES AND EMPLOYMENT HISTORY). I (WE) WARRANT THAT ALL STATEMENTS HEREIN ARE COMPLETE, TRUE AND ACCURATE, AND AGREE THAT THE APPLICATION SHALL REMAIN YOUR PROPERTY WHETHER OR NOT THE CREDIT IS GRANTED.

SIGNATURE AND TITLE

DATE

SIGNATURE AND TITLE

DATE

Interest Rates and Interest Charges	Visa®
Annual Percentage Rate (APR) for Purchases	17.49% This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	17.49% This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	17.49% This APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Purchases	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.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.00.
Fees	Visa®
Annual Fee	None
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Cash Advance 	Either \$2.00 or 2.0% of the amount of each cash advance, whichever is greater (maximum fee: \$20.00) Either \$2.00 or 2.0% of the amount of each cash advance, whichever is greater (maximum fee: \$20.00)
Penalty Fees <ul style="list-style-type: none"> • Late Payment 	Up to \$20.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

The information about the costs of the card described in this application is accurate as of January 2023. This information may have changed after that date. To find out what may have changed, call us at (866)882-2265.