

KS StateBank Business MasterCard® Application

Date of Application _____ Requested By _____ Contact Email _____

COMPANY INFORMATION

Name of Company Imprint if company name is over 21 characters (including spaces)

Company Mailing Address City State Zip Code

Tax ID Number Phone Incorporated in the State of

TYPE OF ORGANIZATION

- Sole Proprietor Partnership Governmental Organization Limited Liability Company
 Profit Corporation Nonprofit Trust

BUSINESS CREDIT CARD – REQUIRED DOCUMENTS BY BUSINESS TYPE

Documents	Nonprofit	Corporation	Partnership	LLC	Proprietorship	Trust
Credit Card Application (signed by appropriate authority)	x	x	x	x	x	x
Entity Tax Return	x	x	x	x	x	x
Articles	x	x		x		
Bylaws	x	x				
Operating Agreement				x		
Partnership Agreement			x			
Trust Agreement or Trust Certificate						x
Minutes stating who owns what percentage, title of all officers, who can sign and how many must sign, if other entity documents do not answer these questions.		x	x	x		x
Guarantor's/Owner's Personal Financial Statement		x	x	x	x	x
Guarantor's/Owner's Tax Return		x	x	x	x	x
ID's - Drivers license, Passport, Resident Alien Card on all owner's above 20%		x	x	x	x	x

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.

ADDITIONAL DOCUMENTATION MAY BE REQUIRED. I hereby authorize the person to whom this application is made, or any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility and authorize such persons to release such information to the person to whom this application is made.

THE FEDERAL EQUAL CREDIT OPPORTUNITY: Act requires that all creditors, including banks, savings and loan associations, small loan companies, retail stores and others, make credit equally available to all credit-worthy customers without regard to sex or marital status, race, color, religion, national origin, age (provided applicant has the capacity to contract), receipt of income from a public assistance program and the good faith exercise of rights under the Consumer Credit Protection Act. The Federal Agency which administers compliance with this law concerning this bank is the FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

You have the right to receive from us within 30 days specific written reasons for adverse action taken as a result of an application for credit if you request it within sixty (60) days of such action.

PRINTED NAMES AND SIGNATURES OF INDIVIDUALS AUTHORIZED TO BE ISSUED SEPARATE CARDS *(List up to four cardholders below.)*

Last Name (print)	First Name	MI
Social Security Number	Date of Birth	
Mother's Maiden Name	Phone Number	
Signature		
Credit Limit	Card Number Issued	

Last Name (print)	First Name	MI
Social Security Number	Date of Birth	
Mother's Maiden Name	Phone Number	
Signature		
Credit Limit	Card Number Issued	

Last Name (print)	First Name	MI
Social Security Number	Date of Birth	
Mother's Maiden Name	Phone Number	
Signature		
Credit Limit	Card Number Issued	

Last Name (print)	First Name	MI
Social Security Number	Date of Birth	
Mother's Maiden Name	Phone Number	
Signature		
Credit Limit	Card Number Issued	

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Opt Out

360 CONTROL ADMINISTRATOR LEVEL ACCESS

It is recommended that at least one 360Control User be set up as an Administrator. Administrators are able to create, modify and delete Users as well as establish additional Administrators. An Administrator also has access to manage cards online, request new cards, redeem rewards and adjust card limits, as permitted, for the company. Products are subject to underwriting and approval.

Administrator's Name	Administrator's Email	Administrator's Phone Number
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AGREEMENT

1. _____ ("Company") agrees to be bound by the terms and conditions set forth in the Cardholder Agreement accompanying the card(s) issued by your financial institution. When issued, the card(s) will permit Company to make purchases which will constitute extensions of credit to Company by the financial institution.
2. The specimen signature(s) set forth on the application and for each Authorized User is (are) the true signature(s) of said Authorized Users.
3. The undersigned represents, certifies and warrants to financial institution that:
 - a. Company has taken all action required by its organizational documents to authorize the individuals whose names and signatures appear herein to act on behalf of Company, and will so authorize all other individuals who are issued cards for Company;
 - b. Company has taken all action required by its organizational documents to authorize the above-named Administrator to create, modify and delete Users as well as establish additional Administrators. An Administrator also has access to manage cards online, request new cards, redeem rewards and adjust card limits for the company.
 - c. Company has taken all action required by its organizational documents to authorize the below-named Company Representatives to act on its behalf in any way and to fully bind the Company.
 - d. There have been no changes to the last Company Authorization delivered to financial institution and the Authorization remains in full force and effect;
 - e. The undersigned have full authority to execute this Agreement; and
 - f. Company will pay all charges as referenced herein and in the Cardholder Agreement, to the extent permitted by law.
4. Company represents and warrants that the information provided herein is accurate and agrees to immediately notify, in writing, if any of the Authorized Users are deleted or new Authorized Users named, or if any other information changes, or is rescinded or modified in any way, and that all documents previously delivered to financial institution are accurate, complete and current.
5. Company agrees that if a wireless telephone number(s) has (have) been provided, Company consents to receiving autodialed and prerecorded message calls and text messages from the financial institution or its third-party debt collector at that number and have the authority to provide this consent for the wireless number provided.
6. Company consents that an electronic facsimile of its signature, in any capacity, may be used as evidence of Company's agreement to the terms of this Application and agreement.

This Agreement must be signed by:

- All Partners, if a partnership
- Company Owner, if a sole proprietorship
- Governing Board, if a public office account
- At least two authorized officers of a Corporation, unless a lesser number is allowed for in Company corporate documents
- All members or designated manager(s), if an LLC

The undersigned represents and warrants that s/he has been duly granted all appropriate authority to act on behalf of and to bind the Company to the terms hereof.

Signature of Authorized Party for Company

Signature of Authorized Party for Company

Signature of Authorized Party for Company

Signature of Authorized Party for Company

AUTHORIZED COMPANY REPRESENTATIVES

The undersigned represents and warrants that s/he has been duly granted all appropriate authority to act on behalf of and to bind the Company to the terms hereof.

Signature

Date

Signature

Date

Print Name

Title

Print Name

Title

FOR OFFICE USE ONLY New Card Additional Card

Received By _____ Date Received _____

BL Account _____ CIF Number _____

Documents Verified By _____ Date Received _____

Ordered By _____ Verified By _____

Company Limit: Approved _____ Issued/Using _____

Officer Approval _____ Credit Risk Approval _____

Card Type Approved Business Classic Business Gold Business Platinum

360 Admin Username _____

KS StateBank Business MasterCard®
Disclosure

Business Classic Annual Percentage Rate 19.50% APR	Your Annual Percentage Rate may vary monthly by adding 11% to the highest "Prime Rate" published in the Money Rates section of the Wall Street Journal. The current rate is 19.50% APR as of the print date of this application, and may vary.
Business Gold Annual Percentage Rate 19.50% APR	Your Annual Percentage Rate may vary monthly by adding 11% to the highest "Prime Rate" published in the Money Rates section of the Wall Street Journal. The current rate is 19.50% APR as of the print date of this application, and may vary.
Business Platinum Annual Percentage Rate 17.50% APR	Your Annual Percentage Rate may vary monthly by adding 9% to the highest "Prime Rate" published in the Money Rates section of the Wall Street Journal. The current rate is 17.50% APR as of the print date of this application, and may vary.
Annual Fee	None
Minimum Finance Charge	\$5.00
Grace Period	5 days
Balance Computation Method	Average Daily Balance (including current transactions)
Late Payment Fee	\$25.00
Returned Payment Fee	\$25.00
Over-the-Limit Fee	None
Foreign Transaction Fee	A fee of up to 1% on all cross-border transactions and on transactions that are converted back to U.S. dollars

IMPORTANT

The information set forth in this application was accurate as of July 2023, the date of printing, and is subject to change. For information on any change to the application since it was printed, applicants should call us at 800-588-6805 or write us at P.O. Box 1968, Manhattan, KS 66505-1968.





FACTS

WHAT DOES KS STATEBANK DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security Number
- Income
- Account balances
- Payment history
- Checking account information
- Wire transfer instructions

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons KS StateBank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does KS StateBank share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes - to offer our products and services to you	No	We don't share
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes - information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes - information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call toll-free at 800-588-6805 or visit us online at ksstate.bank.

What We Do	
How does KS StateBank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate.
How does KS StateBank collect my personal information?	We collect your personal information, for example, when you: <ul style="list-style-type: none"> • Open an account • Apply for a loan • Provide account information • Give us your contact information • Show us your driver's license We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes - information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and non-financial companies. <ul style="list-style-type: none"> • <i>KS StateBank does not share with our affiliates.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and non-financial companies. <ul style="list-style-type: none"> • <i>KS StateBank does not share with nonaffiliates so they can market to you.</i>
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> • <i>KS StateBank doesn't jointly market.</i>

Other Important Information

This notice is available at any time at ksstate.bank or by calling 800-588-6805.