

# 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

# KS StateBank Business MasterCard® Application

## 360 CONTROL ADMINISTRATOR LEVEL ACCESS

An Administrator for 360 Control has access to set up users, manage cards online, request new cards, redeem rewards and adjust card limits for the company.

Name	Email	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 in this application 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. There have been no changes to the last Company Authorization delivered to financial institution and the Authorization remains in full force and effect;
  - c. The undersigned have full authority to execute this Agreement; and
  - d. 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 Applicant’s agreement to the terms of this Application.

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

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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

<b>Business Classic</b> Annual Percentage Rate <b>14.25% APR</b>	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 14.25% APR as of the print date of this application, and may vary.
<b>Business Gold</b> Annual Percentage Rate <b>14.25% APR</b>	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 14.25% APR as of the print date of this application, and may vary.
<b>Business Platinum</b> Annual Percentage Rate <b>12.25% APR</b>	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 12.25% APR as of the print date of this application, and may vary.
<b>Annual Fee</b>	None
<b>Minimum Finance Charge</b>	\$5.00
<b>Grace Period</b>	5 days
<b>Balance Computation Method</b>	Average Daily Balance (including current transactions)
<b>Late Payment Fee</b>	\$25.00
<b>Returned Payment Fee</b>	\$25.00
<b>Over-the-Limit Fee</b>	None
<b>Foreign Transaction Fee</b>	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 August 2021, 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?
<b>For our everyday business purposes</b> - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> - to offer our products and services to you	No	We don't share
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> - information about your transactions and experiences	No	We don't share
<b>For our affiliates' everyday business purposes</b> - information about your creditworthiness	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

**Questions?**

Call toll-free at 800-588-6805 or visit us online at [ksstate.bank](http://ksstate.bank).

What We Do	
<b>How does KS StateBank protect my personal information?</b>	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.
<b>How does KS StateBank collect my personal information?</b>	We collect your personal information, for example, when you: <ul style="list-style-type: none"> <li>• Open an account</li> <li>• Apply for a loan</li> <li>• Provide account information</li> <li>• Give us your contact information</li> <li>• Show us your driver's license</li> </ul> We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only: <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes - information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing.

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

## Other Important Information

This notice is available at any time at [ksstate.bank](http://ksstate.bank) or by calling 800-588-6805.