

CREDIT APPLICATION

VisaSM Business Card

Check Account Choice: (Only One)

- Sole Owner
- Partnership
- Corporation

Credit Limit Requested \$ _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

COMPANY INFORMATION

Name of Company				Tax I.D. Number	
Company Address		City	State	Zip Code	
				Business Phone	
Type of Business				How Many Years in Business	

ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:

Attach additional sheet if necessary (with signatures)

The information gathered for the individuals to receive the credit cards includes the signature at the bottom of each box.

Last Name		First	Middle	Social Security Number	
Company Title			Division / Department		
Date of Birth					
Home Address		City	State	Zip	
				Home Phone	
Signature			Limit for this Individual Card: \$		Date
Last Name		First	Middle	Social Security Number	
Company Title			Division / Department		
Date of Birth					
Home Address		City	State	Zip	
				Home Phone	
Signature			Limit for this Individual Card: \$		Date

CREDIT INFORMATION

Institution Name and Address		Branch	Loans	<input checked="" type="checkbox"/> Open	<input type="checkbox"/> Closed
------------------------------	--	--------	-------	--	---------------------------------

Checking Account Number / Name Listed		Savings Account Number / Name Listed			
---------------------------------------	--	--------------------------------------	--	--	--

Name and Address of Trade References	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1.			\$	\$
2.			\$	\$
3.	Institution Credit Card / Institution Name and Address		\$	\$

CONDENSED BUSINESS FINANCIAL STATEMENT

Bank reserves the right to require additional information

CURRENT ASSETS	\$	CURRENT LIABILITIES	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
IMPORTANT: THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED		NET WORTH (Total Assets Less Liabilities)	\$

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (check one):

PRESIDENT/CHAIRMAN V.P. TREASURER OWNER PARTNER

X _____ X _____
Applicant Signature Title Date Applicant Signature Title Date

CREDIT DISCLOSURES

Annual Percentage Rate for Purchases	15.24% Variable ***	Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases and/or cash advances if you pay your entire balance by the due date.
Annual Percentage Rate for Balance Transfers	15.24% Variable ***		
Annual Percentage Rate for Cash Advances	18.00% Fixed		
Penalty APR	NONE		
Minimum Finance Charge	NONE	Method of Computing the Balance for Purchases	Average Daily Balance Including New Purchases*
Annual Fee	NONE	* A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your previous monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges.	
Balance Transfer Fee	NONE	A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue on the unpaid average daily balance of such Cash Advances until the date of payment if paid during the same billing cycle, or until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. If the new balance shown on your monthly statement for the prior billing cycle is paid in full within 25 days of the closing date of that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.	
Cash Advance Fee	\$5.00 or 2.0% of the amount advanced	***Your APR may vary monthly. The Rate is determined monthly by adding 6.74% to the Prime Rate. The Prime Rate used to determine your ANNUAL PERCENTAGE RATE is the Rate published in the Wall Street Journal under the "Money Rates" subsection on the last business day of the month.***	
Foreign Transaction Fee	3.0%		
Late Payment Fee	\$25.00		
Over-the-Credit Limit Fee	\$25.00		
Return Payment Fee	\$25.00		
Other Fees	NONE		

The information about the costs of the cards described above is accurate as of Nov. 2019. This information is subject to change. To receive the most up to date information, write us at Community National Bank & Trust, PO Box 300, Neodesha, KS 66757-0300.

Rev. 10/23

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new Community National Bank & Trust credit card account. The balance transfer will be subject to finance charges the day of posting to your new account.

Credit Card Issuer _____	Account Number _____
Payment Address _____	Amount to be Transferred \$ _____
City, State, Zip _____	
X _____	X _____
Applicant Signature Title Date	Authorizing Signature Title Date

FOR INTERNAL USE ONLY

ACCOUNT NO. (1)			ACCOUNT NO. (2)		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY
NO. CARDS	PRO. CODE		NO. CARDS	PRO. CODE	