

**BUSINESS CREDIT CARD APPLICATION****IMPORTANT:**

- ZB, N.A. dba Vectra Bank ("Bank") cannot process applications that are incomplete, unsigned, or missing documentation.
- Pending the bank's credit review and underwriting, the Bank may request additional information or documentation such as (but not limited to) company financial statements and/or tax returns on borrower(s) and/or personal guarantor(s).
- Vectra Bank is a division of ZB, N.A., a national bank. ZB, N.A. will own any account that is opened and issue all credit cards you receive as a result of this application.

**Step 1. Choose Credit Card Type**

- AmaZing Rewards®** (209) *Points*
- AmaZing Cash®** (211) *Cash Back*
- AmaZing Rate®** (210) *NOTE: Rewards are not available on this card.*

Applicant requests a Credit Limit of: \$ \_\_\_\_\_ (Bank may assign a lower credit limit.)

**Step 2. Provide Applicant's Business Information**

Legal Business Name: _____		<input type="checkbox"/> Home-based business?	Tax ID Number: _____		Business Phone: (    ) _____																							
Business STREET Address (Cannot be a PO Box): _____			City: _____	State: _____	Zip Code: _____	Number of Employees: _____																						
Mailing Address (If different from above): _____			City: _____	State: _____	Zip Code: _____	Length of Current Ownership: _____																						
Gross Annual Sales: \$ _____	Annual Net Business Income: \$ _____	Business Debt Balances: Unsecured \$ _____		Monthly Debt Payments (P & I): \$ _____																								
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other _____																												
Specific and detailed business nature and/or company's NAICS code: _____																												
Business Name as it should appear on the card(s) (Limited to a total of 21 characters and spaces, abbreviate if needed)																												
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																												
Choose a Monthly Billing Option: <input type="checkbox"/> Combined		<input type="checkbox"/> Individual																										
("Control Account" with all cardholder transactions combined into a single statement, billed and paid at control account, cardholder spending limits reset at statement cycle)		(Individual cardholder billing statements, billed and paid at individual card level, limits reset upon payment)																										
<input type="checkbox"/> <b>Annual Statements</b> (opt in for an annual paper summary)		<input type="checkbox"/> <b>IntelliLink Reporting</b> (Electronic Reporting Request Form Required)		<input type="checkbox"/> <b>Visa Card Management</b> (Electronic Reporting Request Form Required)																								
Name of Person Authorized to Manage Company Accounts: _____				Email Address: _____																								
Phone Number: (    ) _____				For security provide a unique 4-digit Program Administrator Access Code ("PAAC"):    _ _ _ _																								

**PLEASE SIGN AND DATE THE APPLICATION ON THE FOLLOWING PAGE**

**Step 3. Provide Business Authorization and Signature on Behalf of Applicant**

**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 business entity and/or person who opens an account. What this means for you: When you open an account, we will ask for your Federal Tax Identification Number, full legal name of your business, the physical address of your business; if you are an individual, we will ask for your full name, physical 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 that will aid in confirming this information.

**Complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as:**

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

The applicant agrees to promptly notify the bank if: (A) the Authorizing Officer ceases to have that significant responsibility for managing the legal entity, or if there is any change in the information provided about that individual, or (B) there is any change in the direct or indirect ownership interest in the Applicant disclosed in Step 4 of this application or in the Corporate Guarantor Addendum.

**By signing this Application as an Authorized Officer(s) of the Applicant,** (1) I/we request that an Account be opened for the Applicant, and that Visa Business Credit Card(s) be issued to the cardholders listed on this Application in Step 7 and any supplements thereto; (2) I/we certify that I/we are authorized to sign this Application on behalf of the Applicant and that all information provided herein is true and correct; (3) I/we authorize Bank to verify the information given and to lawfully receive and exchange credit information about the Applicant, both now and in the future; (4) the Applicant and I—individually and jointly—agree to use the card(s) for business purposes and to be bound by the terms and conditions of the Business Credit Card Agreement, as amended from time to time, and which is incorporated herein and made a part hereof by this reference; (5) I/we and Applicant certify that the execution, performance, and delivery of this Application has been authorized by all necessary legal action by the Applicant, and the Applicant will provide the Bank evidence of such action upon request; (6) Applicant acknowledges and agrees that it is granting Bank a Uniform Commercial Code security interest in any business deposit or accounts Applicant maintains with the Bank to secure payments of all obligations under Applicant's credit card account, and all other current or future indebtedness to Bank whether under this Application or any other indebtedness to Bank; (7) I/we and Applicant agree that if we provided any wireless telephone number(s) herein, we consent to receiving autodialed and prerecorded message calls and text messages from the Bank or its third-party debt collector at that number and have the authority to provide this consent for the wireless number provided; and (8) I/we agree that any electronic facsimile of signatures herein, in any capacity, may be used as evidence of Applicant's and my agreement of the terms of this Application.

<b>1</b>	Authorizing Officer Name (Print):	Title:	Email Address:
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Authorizing Officer's Physical Address:	Authorizing Officer's Date of Birth (DD/MM/YYYY):	Authorizing Officer's SSN:
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Authorizing Officer Signature:	Date:
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<b>2</b>	Authorizing Officer Name (Print):	Title:	Email Address:
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Authorizing Officer's Physical Address:	Authorizing Officer's Date of Birth (DD/MM/YYYY):	Authorizing Officer's SSN:
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Authorizing Officer Signature:	Date:
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**Step 4. Provide Personal Guarantor Information**

- ALL INDIVIDUALS OR BUSINESS ENTITIES WITH A 20% OR MORE OWNERSHIP OF THE APPLICANT MUST COMPLETE AND SIGN THE FOLLOWING SECTION.
- GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS ARE NOT REQUIRED TO COMPLETE THE PERSONAL GUARANTOR SECTION.
- FOR ADDITIONAL GUARANTORS WITH 20% OR MORE OWNERSHIP, PRINT AND COMPLETE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.
- FOR BUSINESS ENTITY GUARANTORS, COMPLETE THE CORPORATE GUARANTEE ADDENDUM AND SUBMIT WITH THIS APPLICATION.

<b>1</b>	Name of Personal Guarantor:	Primary Phone Number:	Social Security Number:	Date of Birth (MM/DD/YYYY):
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\_\_\_\_\_% Ownership of Company:  Sole Owner  Managing Member  Partner  CEO  President  Vice President  Treasurer  Other: \_\_\_\_\_

Home STREET Address (Cannot be a PO Box):	City:	State:	Zip:	Email Address:
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Monthly Mortgage/Rent Payment:	Gross Personal Annual Income*:	Net Worth (Excluding the Business):	Total in Deposit Accounts and Marketable Securities:
\$	\$	\$	\$

<b>2</b>	Name of Personal Guarantor:	Primary Phone Number:	Social Security Number**:	Date of Birth (MM/DD/YYYY):
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\_\_\_\_\_% Ownership of Company:  Sole Owner  Managing Member  Partner  CEO  President  Vice President  Treasurer  Other: \_\_\_\_\_

Home STREET Address (Cannot be a PO Box):	City:	State:	Zip:	Email Address:
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Monthly Mortgage/Rent Payment:	Gross Personal Annual Income*:	Net Worth (Excluding the Business):	Total in Deposit Accounts and Marketable Securities:
\$	\$	\$	\$

**PLEASE SIGN AND DATE THE APPLICATION ON THE FOLLOWING PAGE**

**Step 4. Provide Personal Guarantor Information (continued)**

<b>3</b>	Name of Personal Guarantor:	Primary Phone Number:	Social Security Number**:	Date of Birth (MM/DD/YYYY):
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\_\_\_\_% Ownership of Company:  Sole Owner  Managing Member  Partner  CEO  President  Vice President  Treasurer  Other: \_\_\_\_\_

Home STREET Address (Cannot be a PO Box):	City:	State:	Zip:	Email Address:
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Monthly Mortgage/Rent Payment: \$	Gross Personal Annual Income*: \$	Net Worth (Excluding the Business): \$	Total in Deposit Accounts and Marketable Securities: \$
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\*Personal Annual Gross Income includes any earned income related and unrelated to the business so long as it is not included in the business' annual net profit. Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered.

\*\*In lieu of a Social Security Number, Non-U.S. Persons may also provide an Individual Taxpayer Identification Number (ITIN), an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Step 5. Sign Personal Guaranty**

**By signing below, in my individual or business capacity** (even if I place a title or other designation next to my signature), I (1) certify that all information I have provided on this Application or in connection herewith is true, correct, and complete; (2) authorize my current and past creditors, employers, consumer reporting agencies, and any other reference listed above to release information to Bank regarding the request for the account(s) and/or card(s) as indicated above; (3) agree that if I provided a wireless telephone number(s) herein, I consent to receiving autodialed and prerecorded message calls and text messages from the Bank or its third-party debt collector at that number and confirm that I have the authority to provide this consent for the wireless number provided; (4) authorize Bank to obtain credit reports, including consumer credit reports, and other information about me, in connection with this Application or in connection with updates, renewals, extensions or from time to time until any credit granted as a result of this Application is repaid in full and the credit has matured, and I understand and agree that Bank will obtain periodic follow-up credit reports on me from credit reporting agencies; (5) jointly and severally with Applicant and other guarantors, unconditionally guaranty and promise to pay Bank all indebtedness incurred by Applicant at any time arising under or relating to any credit requested through this Application, as well as any extensions, increases, or renewals of indebtedness; (6) waive (i) presentment, demand, protest, notice of protest to Bank, and notice of nonpayment; (ii) any defense arising by reason of any defense of the Applicant or other guarantor(s); (iii) any right to require Bank to proceed against Applicant or any other guarantor; (iv) any right to require the Bank to pursue any remedy in connection with the guaranteed indebtedness; (v) any right to require the Bank to notify guarantor(s) of any additional indebtedness incurred by the Applicant; or (vi) any right to require Bank to give notice of any changes in the Applicant's financial condition; (7) authorize Bank, without notice or prior consent, to (i) extend, modify, compromise, accelerate, renew, increase, or otherwise change the terms of the guaranteed indebtedness, and (ii) proceed against one or more guarantor(s) without proceeding against the Applicant or other guarantor(s); (8) agree that an electronic facsimile of my signature, in any capacity, may be used as evidence of my agreement to the terms of this guaranty; and (9) certify that I have received, read, and understand the disclosures set forth in this application.

Guarantor #1 Signature:	Date:
Guarantor #2 Signature:	Date:
Guarantor #3 Signature:	Date:

**PLEASE SIGN AND DATE THE APPLICATION ON THE FOLLOWING PAGE**

**Step 6. Request Cash Advance Access and Add Authorized Users**

I request access to Cash Advances for the card(s) indicated below. (Cash advance access is subject to Bank approval.)

**ISSUE A CARD TO THE FOLLOWING AUTHORIZED USERS (CARDHOLDERS)**

**Specially-Designated Nationals (SDN) List:** The Company has verified that no cardholder is identified on the Specially-Designated Nationals lists administered by the U.S. Treasury's Office of Foreign Assets Control. Applicant will hold Bank harmless if it issues a card at Company's request to any such identified person.

**Information About Card Embossing:**

1. A minimum of one Authorized User is required. Card(s) must be embossed in an Individual User's name.
2. Each card will be embossed with a unique number assigned to the individual card user.
3. Companies that have at least 10 cards embossed with Individual User names can make a special request to issue card(s) embossed with a Department name along with the Company name.
  - a. Both the User name and Company name are required to be embossed on the card.
  - b. A "Release and Waiver" form must also be completed and submitted.
4. Complete and submit additional pages of this section for companies that require more than 5 cards embossed.

Name of Authorized User(s) to be Issued a Card (Embossing on card is limited to a total of 21 characters and spaces, abbreviate name if necessary)		Date of Birth (MM/DD/YYYY)	Credit Limit (Increments of \$100)	Cash Advance Limit (if applicable) (Increments of \$100)
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$

Business fully understands and agrees that all Authorized Users listed above are the business' responsibility if the card(s) are lost or stolen and agree that the business will immediately notify Bankcard Services at 1-888-758-5349 of such loss. If the credit card is misused by an Authorized User, business accepts full responsibility.

\_\_\_\_\_  
Authorized Officer Signature (required)

\_\_\_\_\_  
Date

**Step 7. Submit completed application and any supporting documents to one of the following:**

**Email:** BusinessCreditApps@Vectrabank.com

**Mail:** Bankcard Services, P.O. Box 25787, Salt Lake City, UT 84125-0787

**Deliver to:** Any Vectra Bank branch

<b>BANK USE ONLY</b>	Submitting Employee's Name:		Employee Number:	Cost Center:	Date:	<input type="checkbox"/> Private Banking	
	Treasury Officer Name (if applicable):		Treasury Officer Employee Number (if applicable):		Treasury Officer Cost Center (if applicable):		
	Referring Employee's Name:		Referring Employee Number:	Cost Center:	Date:		
	<b>Beneficial Ownership – Control Owner Validation</b>		Check Here If Authorized Officer from Step 3 Above Has Been Validated Through Documentary Means as Part of this Account Opening				
			<input type="checkbox"/> Driver's License/State ID# _____		Issued Date _____	Exp. Date _____	
<b>Cash Advance Option Approval</b>	VP Name:	VP Employee #:	VP Signature:	Date:			

**Step 8. Provide Authorization and Signature of Joint Applicant (if applicable)\*\*\***

**JOINT APPLICATION DISCLOSURE:** By signing below we intend to apply for joint credit. The specific condition, terms, rates, and fees associated with this loan have been discussed with the co-applicant and are represented in the disclosure documents provided to the co-applicant by Bank.

Printed Name: \_\_\_\_\_ Signature of Joint Applicant #1: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature of Joint Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*This section is only required if you are applying for shared or joint credit. If this section is signed and the person signing has not completed Step 4 and Step 5, please request and complete the Amendment for Joint Applicant Information.



**BUSINESS CREDIT CARD DISCLOSURES**

**AmaZing Rate® for Business, AmaZing Rewards® for Business, and AmaZing Cash® for Business**

**THESE ARE VARIABLE-RATE PRODUCTS:** The Index used for the following is the *Wall Street Journal* "Prime Rate". Unless an Introductory APR is in effect the APR applied to purchases and balance transfers is the Prime Rate plus a margin of 7.00% for AmaZing Rate for Business, 10.65% for AmaZing Rewards, and AmaZing Cash for Business, and the APR applied for cash advances is the Prime Rate plus a margin of 16.99% for AmaZing Rate for Business and 19.99% for AmaZing Rewards and AmaZing Cash for Business. Rate changes to the account will be effective on the first day of the subsequent billing cycle following the Index change. The following information is accurate as of 10/03/2017.

Interest Rates and Interest Charges	
<b>Annual Percentage Rate (APR) for Purchases</b>	<p><b>0.00%</b> Intro APR for the first six months from account opening. After that your rate will be:</p> <p><b>Prime Rate + 7.00%</b> for AmaZing Rate for Business</p> <p><b>Prime Rate + 10.65%</b> for AmaZing Rewards and AmaZing Cash for Business</p> <p>These APRs will vary with the market based on the Prime Rate.</p>
<b>APR for Balance Transfers</b>	<p><b>0.00%</b> Intro APR for the first six months from date of balance transfer for AmaZing Rate for Business. After that, the rate will be:</p> <p><b>Prime Rate + 7.00%</b> for AmaZing Rate for Business</p> <p>This APR will vary with the market based on the Prime Rate.</p>
	<p><b>Prime Rate + 10.65%</b> for AmaZing Rewards and AmaZing Cash for Business</p> <p>This APR will vary with the market based on the Prime Rate.</p>
<b>APR for Cash Advances</b> <small>Activation of Cash Advance functionality is subject to prior approval</small>	<p><b>Prime Rate + 16.99%</b> for AmaZing Rate for Business</p> <p><b>Prime Rate + 19.99%</b> for AmaZing Rewards and AmaZing Cash for Business</p> <p>These APRs will vary with the market based on the Prime Rate.</p>
<b>Paying Interest</b>	<p>The due date is at least 20 days after the close of each billing cycle. We will not charge any interest on purchases and balance transfers if the entire balance due is paid by the due date each month. We begin charging interest on cash advances on the transaction date.</p>
<b>Minimum Interest Charge</b>	<p>If you are charged interest, the charge will be no less than \$1.</p>
Fees	
<b>Annual Account Fee</b>	<p><b>None</b></p>
<b>Transaction Fees:</b>	
<ul style="list-style-type: none"> <li>▪ Cash Advance</li> <li>▪ Balance Transfer</li> <li>▪ International Transaction</li> </ul>	<p><b>3%</b> of the amount of each transaction, but not less than <b>\$10</b>.</p> <p><b>3%</b> of the amount of each transaction, but not less than <b>\$10</b>.</p> <p><b>3%</b> of the U.S dollar amount of each transaction, whether originally made in U.S. dollars or converted from a foreign currency.</p>
<b>Penalty Fees:</b>	
<ul style="list-style-type: none"> <li>▪ Late Payment</li> <li>▪ Returned Payment</li> <li>▪ Over Limit</li> </ul>	<p><b>\$19</b> on account balances up to \$249.99; <b>\$29</b> on balances between \$250.00 and \$499.99; <b>\$39</b> on balances of \$500.00 or more.</p> <p><b>\$29</b></p> <p><b>\$29</b></p>

**HOW WE WILL CALCULATE YOUR BALANCE:** We use a method called "average daily balance (including new purchases)". See your card agreement for more details.

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your card agreement. If an Account is opened, a Business Credit Card Agreement will be provided with each card issued. Please read and retain the Agreement, the Card Carrier containing the card and any other documents that are received with the card.



**AMAZING BUSINESS CARDS  
BALANCE TRANSFER REQUEST**

**IMPORTANT INFORMATION ABOUT BALANCE TRANSFERS**

Please refer to your Cardholder Agreement and the Card Carrier containing your card for additional information.

Interest and Fee Information	
<b>Annual Percentage Rate (APR) for Balance Transfers</b>	<p><b>0.00%</b> Intro APR for the first six months from date of balance transfer for AmaZing Rate for Business. After that, the rate will be: <b>Prime Rate + 7.00%</b> for AmaZing Rate for Business This APR will vary with the market based on the Prime Rate.</p> <p><b>Prime Rate + 10.65%</b> for AmaZing Rewards and AmaZing Cash for Business This APR will vary with the market based on the Prime Rate.</p>
<b>Fee</b>	<b>3%</b> of the amount of each transaction, but not less than <b>\$10</b> .

Balance transfers are processed in the order listed below. If your transfer request is more than your available credit limit, you authorize us to lower the transfer amount to your available credit.

We anticipate that it will take 3 to 4 weeks to process your balance transfer request. You should continue to make payments to those accounts to avoid late fees and interest charges.

You may only make balance transfers to accounts that list you as an accountholder.

You may not use a balance transfer to pay off any other Vectra Bank account.

You will not earn any reward points or cash back rebates on balance transfers.

**ACCOUNTS TO BE TRANSFERRED**

<b>1 - Amount to be transferred (\$100 minimum)</b> \$	Credit Issuer or Company Name:	Full Account number:
	Credit Issuer payment address as shown on your statement:	City, State, Zip Code:
<b>2 - Amount to be transferred (\$100 minimum)</b> \$	Credit Issuer or Company Name:	Full Account number:
	Credit Issuer payment address as shown on your statement:	City, State, Zip Code:
<b>3 - Amount to be transferred (\$100 minimum)</b> \$	Credit Issuer or Company Name:	Full Account number:
	Credit Issuer payment address as shown on your statement:	City, State, Zip Code:
<b>\$</b>	<b>TOTAL AMOUNT TO BE TRANSFERRED</b>	

Print Company Name:	Vectra Bank Business Credit Card Number:
Print Name of Authorized Signer: ( )	Phone Number: Company Tax Identification Number:

**By signing below** as an Authorized Signer of the Company, I acknowledge that I have read and agree to the above information about balance transfers.

<b>Signature of Authorized Signer Required:</b>	<b>Date:</b>
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**If submitting Balance Transfer Form alone, take to a Vectra Bank branch, fax completed form to 1-888-339-7432, or email completed form to: [balancetransfer@vectrabank.com](mailto:balancetransfer@vectrabank.com).**