



STATE BANK OF SOUTHERN UTAH



VISA BUSINESS CREDIT CARD APPLICATION

Request Type (Select One)			Credit Line	Card Type Requested	
New Account	Line Increase	Surecash	Credit Limit Requested:	Business Low Rate	Business Credit Card w/Rewards Points
1-Business Information					
Legal Name of Business			Business Name to Appear on Card		
Business Physical Address (No PO Boxes)			Business Mailing Address		
City, State, Zip			City, State, Zip		
Business Phone Number			Business Fax Number		
Tax ID Number			Month and Year Business Established		
Legal Structure (Pick One)			Non-Profit, Government Entity, or Association		
Corporation Limited Liability Company Partnership Sole Proprietor			<input type="checkbox"/> No <input type="checkbox"/> Yes, include last two years financial statements, and copy of minutes showing authorization to apply.		
Business Gross Sales (if new enter \$0)		Business Net Profit (if new enter \$0)		Business Monthly Debt Payments	
Nature of Business (Goods or Services provided)			NAICS Code		

Each owner with 20% or more ownership is required to guaranty the full amount of the credit line. When ownership of the company is held by owners with less than 20% ownership, those guarantors representing at least 51% of the cumulative ownership are required to guaranty the full amount of the credit line.

Authorized Party #1					
First Name, Middle Initial		Last Name		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Time at Address		Phone Number	
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
Employer:		Job Title:		Employment Start Date:	
Authorized Party #2					
First Name, Middle Initial		Last Name		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Time at Address		Phone Number	
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
Employer:		Job Title:		Employment Start Date:	
Authorized Party #3					
First Name, Middle Initial		Last Name		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Time at Address		Phone Number	
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
Employer:		Job Title:		Employment Start Date:	
Authorized Party #4					
First Name, Middle Initial		Last Name		Percentage of Ownership	
				%	
Home Address (No PO Boxes)		Time at Address		Phone Number	
City, State, Zip		Social Security Number		Date of Birth	Personal Annual Gross Income
Employer:		Job Title:		Employment Start Date:	

Please continue and sign on second page of the application.

3-Cards To Issue

Business fully understands and agrees that all Authorized Users listed below are the business' responsibility if the card(s) are lost or stolen and agree that the business will notify State Bank of Southern Utah of such loss. If the credit card is misused by an Authorized User, business accepts full responsibility.

	Cardholder's Name <small>(How name will appear on card)</small>	Phone Number	New Card Number <small>(For bank use only)</small>	Credit Limit <small>(Inc of \$100)</small>
Card 1				
Card 2				
Card 3				
Card 4				
Card 5				
Card 6				
Card 7				
Card 8				
Card 9				
Card 10				

Must be equal to total limit requested

4-Choose a monthly billing option:

Individual: Individual cardholder billing statements, billed and paid at individual card level.

Combined (typically 3 or more cards): All cardholder transactions combined into a single statement, billed and paid at Control Account level. Available Credit from paying a balance mid-month will only be accessible at the next billing cycle.

Please visit with your bank representative to find out details about each option.

I request access to Cash Advances for the card(s) indicated above

I DO NOT want access to Cash Advances for the card(s)

Auto Payment options	Account Type	Payment Date	Account Information
Payment in full	Checking		Routing Number
Min. balance	Savings		Account Number

By selecting the "Auto Payment Option" I authorize State Bank of Southern Utah to initiate an ACH payment from my checking/savings account to my credit card with State Bank of Southern Utah. By not selecting an auto payment option, I acknowledge that I will be billed monthly and I will be responsible for making the monthly payment(s).

X _____
Account Owner Signature

5-Signatures

BY SUBMITTING THIS APPLICATION - The undersigned Applicant and Business request Visa Business Card(s) be issued on the Business' account to the Applicant and certify that the account will be utilized solely for business purposes. The individuals ("you") signing below acknowledge and agree to all the Terms and Conditions set forth in this application and customer agreement that the documents submitted are verifiable and accurate. You understand that the creditor may ask for additional identifying documents from you and the business to assist with credit decisions and cooperate with the US Patriot Act. You authorize the creditor to obtain your personal credit report and to provide credit information to credit bureaus about you if applicable.

GUARANTY - By signing below, each individual jointly, separately and unconditionally guarantees payment of and agrees to pay creditor for all charges and balances on all accounts established with this application; and the undersigned does agree, upon any default in the making of any payment due by applicant or breach by applicant of any covenant or agreement, that the undersigned will, upon request by State Bank of Southern Utah pay the entire unpaid balance, all lawful charges and amounts thereunder. Under this Guaranty, the liability of Guarantor(s) is unlimited and the obligations of Guarantor are continuing, including any future credit limit increases. It is understood that this application will be retained whether or not approved.

X _____ Date _____
Applicant/Authorized Party #1, As Principal/Owner/Member/Partner and Individually as Personal Guarantor

X _____ Date _____
Applicant/Authorized Party #2, As Principal/Owner/Member/Partner and Individually as Personal Guarantor

X _____ Date _____
Applicant/Authorized Party #3, As Principal/Owner/Member/Partner and Individually as Personal Guarantor

X _____ Date _____
Applicant/Authorized Party #4, As Principal/Owner/Member/Partner and Individually as Personal Guarantor

X _____ Date _____
Authorized Official of Non-profit, Government Agency, or Association (Not a Guarantor)

X _____ Date _____
Authorized Official of Non-profit, Government Agency, or Association (Not a Guarantor)

Interest Rates and Interest Charges

	Business Visa Credit Card	Business Visa Credit Card w/ Rewards
Annual Percentage Rate (APR) for Purchases, Balance Transfers or Cash Advances	14.75% This APR will vary with the market based on the Prime Rate	21.45% This APR will vary with the market based on the Prime Rate
Paying Interest	The due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.	The due date is at least 25 days after the close of each billing cycle. We will not charge you any 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 \$.50	If you are charged interest, the charge will be no less than \$.50
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore
FEES		
Annual Fee	None	None
Cash Advance	2% of the amount of each transaction.	2% of the amount of each transaction.
Balance Transfer	None	None
International Transaction	Up to 2% of each transaction in U.S. Dollars	Up to 2% of each transaction in U.S. Dollars
PENALTY FEES		
Late Payment	Up to \$25.00	Up to \$25.00
Overlimit Fee	Up to \$25.00	Up to \$25.00
Return Check Charge	\$15.00	\$15.00
Additional Card Fee	10 free - \$10.00 per card after	10 free - \$10.00 per card after

How we will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)". See your Account Agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights, is provided in your Account Agreement.

This information was current as of February 21, 2023. This information may have changed after that date. For current information, call us at 1-800-662-1788 or (435) 865-2331.

CERTIFICATION OF BENEFICIAL OWNER(S)

Account Number: _____

Persons opening an account on behalf of a legal entity must provide the following information:

- a. Name of Natural Person Opening Account: _____ Title: _____
- b. Name of Legal Entity for Which the Account is Being Opened: _____
 Entity Type: _____ Address: _____
- c. The following information for each individual or entity, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of birth, if applicable	Physical Address (Residential or Business)	Phone Number	For U.S. Persons or Entities: SSN or TIN	For Foreign Persons: Passport Number & Country*	% Owner
						%
						%
						%
						%

(If no individual or entity meets this definition, please write "Not Applicable.")

- d. 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.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Address)	Phone Number	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number & Country*

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and on behalf of _____, I agree to notify the financial institution of any change in such information.

By: _____

Date

*In lieu of a passport number, foreign persons may also provide a Social Security Number, 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.