



Frost Business Rewards
OFB800



Frost Business Platinum
OFB000



Employee ID # _____

Branch # _____

Credit requests of \$25,000 or less are underwritten with a personal guaranty by the Authorizing Officer, with the exception of not-for-profit or government entities. All not-for-profit and government entities or accounts requesting credit lines in excess of \$25,000 must include two years of audited financial statements and a signed Corporate Resolution. For-profit businesses with annual revenue of \$5 million or greater may choose to be underwritten based on company liability, provided that financial statements and a Corporate Resolution are also submitted. Please contact your Frost banker to obtain a Corporate Resolution. Accounts approved for a credit line of greater than \$50,000 are required to be paid in full each billing period.

Business Information

Legal Name of Business

Check one:

Corporation (State _____)

Partnership

Sole Proprietorship

Other
(_____)

Company Name as it should appear on cards (Maximum of 25 characters including spaces)

Annual Revenue

Type of Business (Product/Service Offered)

Number of Employees

Physical Business Street Address

City

State

Zip

Business Mailing Address (if different)

City

State

Zip

Business Phone

Business Fax

Years in Business, Years under Current Management

Tax ID Number

Requested Company Credit Limit (*Company agrees to accept approval of lesser limit)

Business Financial Profile

Primary Bank Name

Phone Number

Bank Address

City

State

Zip

Bank Officer to Contact

Phone Number

Does your business owe any taxes from prior years? Yes No If yes, how much? _____

Is the business a party to any claim or lawsuit? Yes No If yes, how much? _____

Are there any delinquent FICA or sales taxes? Yes No If yes, how much? _____

Has the business ever declared bankruptcy? Yes No If yes, when? _____

Have the principals ever declared bankruptcy? Yes No If yes, when? _____

Authorizing Officer Information

If an account is approved and opened, the authorizing officer will be issued a business credit card. For additional requested cardholders, please use a separate sheet of paper that includes the company name and the full name, Social Security number, date of birth and requested card credit limit for each requested cardholder. Social Security Number and date of birth are used to verify cardholder identity.

Full Name

Date of Birth

Social Security Number

Home Street Address

City

State

Zip

Email Address

Household Monthly Gross Income (*required for personally guaranteed accounts) Requested Credit Limit for Authorizing Officer

By signing this application, you request an account be opened in the name of the Business (the "Account") and request individual accounts be opened for, and cards be issued to, the employees named. In consideration of Commerce Bank ("Commerce") financing purchases under the Account pursuant to the terms and conditions of the cardholder agreement ("Agreement"), you agree to unconditionally pay and perform according to the terms of the Agreement. You agree to pay all amounts due under the Account, upon demand, including, but not limited to, any amount owed by your employees to Commerce and due under terms of the Agreement. You agree that your obligations hereunder, and under the Agreement, shall continue for as long as the Agreement and/or the Account shall be in effect. Commerce shall not be required to initiate any action against, nor exhaust any remedies with respect to, employees prior to making demand upon you. You hereby authorize Commerce to obtain a copy of your credit report from a consumer reporting agency for underwriting purposes. You hereby waive any suretyship defenses and any notices regarding the Agreement. Our bank complies with the USA Patriot Act. This law mandates that we verify certain information about you while processing this Application.

Signature (WITHOUT TITLE) and Print Name

Important Information Concerning the Application:

As used in this Application, the terms “we,” “us,” and “our” refer to Commerce Bank and its assigns; “Company” refers to the company identified in the Application; “you” and “your” refer to both the Company and the Authorizing Officer who submits the Application. By submitting the Application, you request that we establish a Business Card account (“Account”) and issue a Visa Credit Card (“Card”) to you. The Account, and your use of the Card, will be governed by the credit agreement (the “Credit Agreement”) you will receive upon Account approval. The Credit Agreement states that it will be governed by the laws of the State of Missouri, but Commerce will rely on the provisions of Nebraska law with respect to the fees and charges (other than interest) that apply to your Account, as authorized by Missouri Revised Statutes Section 408.145 and applicable federal law.

You represent and warrant that this Application and the Credit Agreement are and will be legal, valid and binding obligations of each of you and that you are and have been duly authorized to, execute and deliver the Application. You further represent and warrant that all information provided in the Application and at any other time in connection with the Application or the Account is true and correct and acknowledge that we will rely on this information in connection with the establishment and maintenance of the Account. Each of the Company and the Authorizing Officer consents to our investigation of its credit history, and authorizes us to obtain a credit bureau report in connection with our review of this Application, and to obtain updated credit bureau reports on Company and personal credit reports on the Authorizing Officer from time to time. If approved for a Company liability Account, investigation of credit is applicable only to Company. From time to time Commerce may request, and Company shall provide in a timely manner, financial records related to the financial condition of the Company. You also authorize us to release information to, and respond to inquiries from others (including, without limitation, credit bureaus, our parent company, our affiliates, merchants and other financial institutions) regarding the existence, status, use and history of the Account. Company specifically authorizes us to rely and act on the instructions of the Authorizing Officer and any Program Administrator designated by the Company and Company confirms that action taken by the Authorizing Officer or any Program Administrator will be binding on the Company.

NOTICE TO AUTHORIZING OFFICER: Unless Company is approved for a Company liability Account, the Authorizing Officers submission of the Application means that the Authorizing Officer and the Company are jointly and severally liable for repayment of the Account and that the Authorizing Officer is personally guaranteeing the Company's performance under the Credit Agreement. By submitting the Application, you consent to our investigation of your personal credit history and authorize us to exchange information about you as stated above. If the Authorizing Officer is a resident of New York, one or more consumer reports may be requested in connection with the Application. Upon your request we will inform you whether or not one or more consumer reports were requested, and if such report was requested, we will inform you of the name and address of each consumer reporting agency that furnished a report. If the Authorizing Officer is a resident of Ohio, Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. You understand and agree that because our products are business products, all information relating to you and/or the Account, (including, without limitation, account and application information, purchase and payment activity, and balance and status information) may be shared with Company, and with any designated Program Administrator(s) for the Company. You should have no expectation that this information will remain private from the Company.

PROGRAM ADMINISTRATOR: The person indicated as the Program Administrator is hereby designated by the Company as its duly authorized representative and as our primary point of contact with respect to the Card(s) and Account. The Company agrees that all actions of the Program Administrator may be relied upon by us as the duly authorized actions of the Company. The Company may change its designated Program Administrator or authorize one or more additional Program Administrators at any time, upon written notice from the Authorizing Officer to us at Commerce Bankcard Center, PO Box 411036, Kansas City, MO, 64141-1036.

Business Platinum	
Annual Percentage Rate (APR) for Purchases:	10.90% variable rate**
Other APRs:	Cash-advance APR: 19.90% variable rate Late Payment Rate: 21.99% See explanation below.*
Variable Rate Information:	The APR is determined monthly by adding 5.90% to the Prime Rate. The Prime Rate will be subject to a minimum rate of 5.00% (see explanation below)**
Grace Period for Repayment of Purchase Balances:	At least 25 days from the date of the periodic statement (provided you have paid the previous balance in full by the due date).
Method of Computing the Balance for Purchases:	Average Daily Balance (including new purchases, cash advances, fees and finance charges).
Annual Fee:	NONE
Minimum Finance Charge:	\$0.50
Other Fees:	Late Payment Fee: \$29 • Cash-advance Fee: 3.00% of the cash advance amount with a minimum of \$15. • Over-the-Credit-Limit Fee: \$29.00

Business Rewards	
Annual Percentage Rate (APR) for Purchases:	14.90% variable rate**
Other APRs:	Cash-advance APR: 19.90% variable rate Late Payment Rate: 21.99% See explanation below.*
Variable Rate Information:	The APR is determined monthly by adding 9.90% to the Prime Rate. The Prime Rate will be subject to a minimum rate of 5.00% (see explanation below)**
Grace Period for Repayment of Purchase Balances:	At least 20 days from the date of the periodic statement (provided you have paid the previous balance in full by the due date).
Method of Computing the Balance for Purchases:	Average Daily Balance (including new purchases, cash advances, fees and finance charges).
Annual Fee:	NONE
Minimum Finance Charge:	\$0.50
Other Fees:	Late Payment Fee: \$29 • Cash-advance Fee: 3.00% of the cash advance amount with a minimum of \$15. • Over-the-Credit-Limit Fee: \$29.00

*If at any time we have not received the required minimum monthly payment by the respective due dates for two consecutive months, we may immediately increase the applicable APR, including any introductory rate or promotional rate, to a fixed rate of 21.99%. The account may be eligible for the lower APR after you have met the terms of your account agreement for five consecutive billing cycles after the monthly statement on which the higher APR first appears. Promotional rates will not be reinstated.

**The Prime Rate used to determine the APR on your account is the rate published in The Wall Street Journal in its column called “Money Rates” on the last business day of each month; provided, however, that the Prime Rate will be subject to a minimum rate of 5.00%. There is no ceiling on the applicable APR. We may change the terms of your account agreement, including the monthly periodic rate on outstanding balances at any time. To the extent allowed by law, the new terms will affect outstanding balances. The information about card costs described herein is accurate as of July 2011. This information may change after this date. To receive the most current information, call us at 1-800-892-7104. Commerce Bank may share your account experience and transaction information with its affiliates. Unless you call 1-800-543-4845, you agree that Commerce Bank and its affiliates may also share other information about your account

Employee Cardholder Information

Employee Agreement

Each employee to whom a credit card is issued in connection with an Individual Account (a) requests a card be issued on the Company Account to him/her, (b) authorizes the receipt and exchange of credit information about the Individual Account, (c) agrees to be liable for all charges on his/her Individual Account, and (d) agrees to be bound by the Terms and Conditions of the agreement received with his/her card.



Employee 1

Employee Name

Social Security #

Date of Birth

Home Address*

Signature*

Requested Credit Limit

Send statements to* Home Company

Employee 2

Employee Name

Social Security #

Date of Birth

Home Address*

Signature*

Requested Credit Limit

Send statements to* Home Company

Employee 3

Employee Name

Social Security #

Date of Birth

Home Address*

Signature*

Requested Credit Limit

Send statements to* Home Company

Employee 4

Employee Name

Social Security #

Date of Birth

Home Address*

Signature*

Requested Credit Limit

Send statements to* Home Company

Employee 5

Employee Name

Social Security #

Date of Birth

Home Address*

Signature*

Requested Credit Limit

Send statements to* Home Company

Employee 6

Employee Name

Social Security #

Date of Birth

Home Address*

Signature*

Requested Credit Limit

Send statements to* Home Company

Authorized Signature	<input type="text"/>
Business Name	<input type="text"/>

Please submit completed form at time of application. Form must be signed by business owner/guarantor or an individual with authority designated by Corporate Resolution. Fields marked with asterisk (*) are required only for individually-billed accounts.





Certification of Beneficial Owners

Legal Entity Name

Date

Entity Type

Entity Tax ID Number

Address

Beneficial Owners

The following information is required for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above.

Owner #1	Name	Title	
	Address	Tax ID Number	
	Date of Birth	ID Number	ID Issuance

Owner #2	Name	Title	
	Address	Tax ID Number	
	Date of Birth	ID Number	ID Issuance

Owner #3	Name	Title	
	Address	Tax ID Number	
	Date of Birth	ID Number	ID Issuance

Owner #4	Name	Title	
	Address	Tax ID Number	
	Date of Birth	ID Number	ID Issuance

Controller

The following information is required 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. This individual may also be a Beneficial Owner.

Name	Title	
Address	Tax ID Number	
Date of Birth	ID Number	ID Issuance

Certification

Certification must be completed by one of the following: a Beneficial Owner, the Controller, or a signer on the account. I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Print Name	Title
Signature	Date