


**DIRECT BUSINESS REWARDS**

0FB200

EMPLOYEE ID #

BRANCH #

**BUSINESS APPLICANT**

LEGAL BUSINESS NAME		ANNUAL REVENUE \$	CHECK ONE: <input type="checkbox"/> CORPORATION (STATE _____) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER _____	
BUSINESS NAME [AS YOU WANT IT TO APPEAR ON CARD (UP TO 25 CHARACTERS)]		FEDERAL TAX ID/EIN		
PHYSICAL BUSINESS ADDRESS (STREET ADDRESS ONLY; NO P.O. BOXES)		CITY	STATE	ZIP CODE
BILLING/MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE	ZIP CODE
BUSINESS PHONE #	TIME IN BUSINESS YRS.          MOS.	TYPE OF BUSINESS (PRODUCT/SERVICE OFFERED)	DUNS #	
PRIMARY BANK NAME		BANK OFFICER	PHONE #	

**ACCOUNT INFORMATION AND SIGNATURE**

REQUESTED COMPANY CREDIT LIMIT	PROGRAM MANAGER	PROGRAM MANAGER EMAIL ADDRESS
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**OUR AGREEMENT** – This application must be signed by the authorized officers, partners, owners, or the proprietor of the Company to open the Company's Account. By signing this application, the Company requests an account be opened in the name of the Company, requests cards be issued and Individual Accounts opened for the attached named employees, authorizes the receipt and exchange of credit information, agrees to be liable for all charges made to the Company's Account, except as modified by any other agreement, and agrees to be bound by the terms and conditions of the cardholder agreement. We reserve the right to investigate the credit history of the principals of the company, which includes obtaining credit reports from consumer reporting agencies. The Company also represents that the card(s) issued on this account will be used for business or commercial purposes. The company will receive a central billing statement for all purchases.

NAME (REQUIRED)	SIGNATURE	TITLE
NAME (OPTIONAL)	SIGNATURE	TITLE

**CERTIFICATE OF AUTHORITY** – The undersigned certifies that he/she is the duly elected and qualified Secretary, Assistant Secretary, Clerk or Authorizing Officer of the Organization; that the following resolutions, or substantively similar resolutions, have been duly adopted by the Board of Directors/Board of Trustees of the Corporation pursuant to its bylaws and the power and authority granted by such resolutions and/or bylaws remain in full force and effect and have not been amended or revoked; that the officers listed above have been granted the requisite power and authority to transact business as described herein ("Authorized Person(s)"), and that the specimen signature(s) of the Authorized Person(s) above are true and genuine. **RESOLVED**, that any one of the Authorized Person(s) may from time to time appoint an Administrator to assist Commerce Bank ("Commerce") in the administration of the Account(s) or Programs as provided in the applicable Agreement (each such term as defined in the Agreement). **FURTHER RESOLVED**, Commerce is authorized to act upon these representations and resolutions until written notice of revocation is delivered to Commerce, and Commerce is authorized to presume the authority described herein shall apply with equal force and effect to the successors in office of the officers named herein. **FURTHER RESOLVED**, that any one of the Authorized Person(s) designated above is authorized to establish commercial card accounts (with or without an associated plastic card) ("Accounts") with Commerce, to incur debt (in the form of a line of credit established by Commerce for the Organization) associated with the Accounts, to pledge property as security for repayment of amounts due Commerce, and to execute all documents to effectuate this purpose which he/she may deem necessary and proper, including without limitation any application and/or agreement (each an "Agreement") to open the Accounts. **FURTHER RESOLVED**, that any one of the foregoing named officers of this Organization may from time to time request Commerce issue commercial cards to any one person in connection with any of the Accounts.

 \_\_\_\_\_  
 Signature of Secretary, Assistant Secretary, Clerk or Authorized Officer

 \_\_\_\_\_  
 Date

**PLEASE COMPLETE THE PERSONAL GUARANTY BELOW IF THIS APPLICATION IS FOR A FOR-PROFIT BUSINESS WITH ANNUAL REVENUE LESS THAN \$5 MILLION, OR IF FOR A BUSINESS IN OPERATION LESS THAN TWO YEARS.**

**PERSONAL GUARANTY** – 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 (ABSENT TITLE)	HOME ADDRESS	CITY/STATE/ZIP	SOCIAL SECURITY #
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EMPLOYEE CARDHOLDERS		
EMPLOYEE NAME	CREDIT LINE	LAST FOUR DIGITS OF SSN
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

### EMPLOYEE AGREEMENT

Each employee to whom a credit card is issued in connection with an Individual Account (a) requests that a card be issued on the Company's 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.

### PROGRAM PRICING TERMS & FEES

<b>PAYMENT INFORMATION</b>	All charges are due and payable by the Payment Due Date shown on your periodic statement.		
<b>ANNUAL FEE</b>	NONE		
<b>GRACE PERIOD FOR REPAYMENT OF PURCHASES</b>	At least 20 days from the date of the periodic statement, provided you have paid the previous balance in full by the due date.		
<b>LATE PAYMENT FEE</b>	\$29	<b>ANNUAL PERCENTAGE RATES (APRs)</b>	Cash Advance APR: 19.90%**
<b>OVER-LIMIT FEE</b>	\$29		Late Payment APR: 21.99%*
<b>CASH ADVANCE FEE</b>	3.00% of the cash advance amount with a minimum of \$15	<b>MINIMUM FINANCE CHARGE</b>	\$0.50
<b>FINANCE CHARGE ON CASH ADVANCES</b>	The periodic rate finance charge begins to accrue on the transaction date of any cash advance and is computed by applying the periodic rate to the average daily balance. Whenever payment in full is credited to the account by the statement due date, no additional periodic rate finance charge will be billed on a later statement to collect the periodic rate finance charge earned from the billing statement date to the date of actual payment. Cash advances include but are not limited to: advances made by means of convenience checks, an electronic device or machine, a teller of any financial institution, by means of a balance transfer from another credit card, for the purchase of wire transfers, non-US currency, traveler's checks and money orders.		

\*If at any time we have not received the required 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. Cash advances will be subject to a variable rate of the Prime Rate + 14.90%.

The information about card costs described herein is accurate as of December 2014. 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.



# 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