

Name/Signature

FOR OFFICE USE ONLY				
Approval Date		Loan Officer		
Mastercard Rate/Terms: Prime+		Mastercard Statement Cycle: 1		
Business #	Business Exp. Date	Ctrl Acct#		

# CEFCU® Business Mastercard® Credit Card Electronic Application and Disclosures IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW CREDIT CARD 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 that opens a new credit card account. What this means for the business: When the business opens a new credit card account, we will ask for the business' name, address (local office or principal place of business), taxpayer identification number, and other information that will allow us to verify the existence of the business. We also may ask for other identifying documents or use non-documentary methods to verify the existence of the business.

CEFCU Savings Account Number	CEFCL	J ID Number			
INFORMATION ABOUT YOUR BUSINESS		*Required F	ields		
Legal Business Name		Taxpayer Ide	entification Number		
Address — Local Office or Principal Place of Business		Phone Numl	ber		
Company Name to Appear on Card (maximum 21 characters/spaces)  Type of Organization	y □ Partnership □ So	ole Proprietor   Other			
PLEASE ISSUE A CREDIT CARD WITH THE AUTHORIZED CREDIT LIMIT SET FORTH BELOW TO THE FOLLOWING CARDHOLDERS:  Note: For additional cards, attach a typed sheet with the information below and include the additional cards in the total Total Requested Credit Limit section below.					
Name of Cardholder(s) (maximum 21 characters each)	Requested Credit Limit	Home Phone Number	For office use only — Approved		
Traine of editational () (maximum 21 orial actors editin)	Noqueeted eredit Emilie	Tiome Filene Hamber	Tel emed dec emy Appleved		
Total Credit Limit Requested					
Accumulation Cardholder Account for Rewards Points	Mastercard Security Passv	vord (maximum 8 letters/n	umbers)		
PRINCIPALS/AUTHORIZED PERSONS  Note: "Principals" means persons who have an ownership interest in the authorized to open, obtain information, and perform maintenance on the For additional Principals/Authorized Persons, attach a typed sheet with	e Mastercard credit card acco	ount. There is a limit of 3 Å			
Name	D Fillicipal D Authorized		ocial Security Number*		
Home Address*	City, State, ZIP		ome Phone Number		
Name	☐ Principal ☐ Authorized		ocial Security Number*		
Home Address*  City, State, ZIP  Home Phone Number  The Company, by the undersigned duly authorized officer(s) and/or person(s): (i) requests a CEFCU Business Mastercard credit card account be opened on behalf of the Company and that business card(s) be issued on said account to the cardholder(s) set forth above; (ii) authorizes CEFCU to check the account(s), credit history and obtain a credit report from third parties on the Company; (iii) agrees to be bound by all terms and conditions of the CEFCU Business Mastercard Cardholder Agreement and any other agreements made applicable to Company's CEFCU Business Mastercard credit card account; (iv) certifies that all of the information provided above and in the financial statements and other documentation submitted herewith are true and correct; (v) certifies that the CEFCU Business Mastercard credit card account will be utilized solely for business purposes (and not for consumer purposes); and (vi) agrees to provide CEFCU additional financial information upon request. The principal owner(s) of the Company must also sign the Personal Guaranty of Payment section below (except not-for-profit organizations as defined by IRC, 26 USC §501).					
Name/Title/Signature			Date		
Name/Title/Signature			Date		
PAYMENT OPTIONS: Please check the box below to indicate the payn ☐ Consolidated Pay. One check is written to pay the account regardle end. Cards issued have different account numbers and credit limits ☐ Individual Pay. A separate check is written to pay each cardholder a issued have different account numbers and credit limits. A separat ☐ I would like to set up Automatic Payments. Please send me inform from my CEFCU Checking or Savings account.	ess of the number of cardhols. One monthly statement is account. Account numbers at monthly statement is issu	Iders. All accounts roll und ssued for all accounts. Tran are tied together with the s ued for each cardholder.	nsactions are listed by cardholder. ame numbering scheme. cards		
PERSONAL GUARANTY OF PAYMENT: I/We, the undersigned principal guaranty, without any restriction, condition or limitation, prompt payment of Mastercard Cardholder Agreement and all charges made on, and performation Mastercard credit card account, and agree(s) to pay CEFCU's reasonable at the check my/our accounts, credit and employment history and obtain a credit card accounts.	on demand of any and all oblig ance of all obligations of the C attorneys' fees, costs and exp	gations of the Company to Cl Company and the cardholder penses incurred in enforcing	EFCU under the CEFCU Business (s) under the CEFCU Business		

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## CEFCU® Business Mastercard® Credit Card Electronic Application and Disclosures

Annual Percentage Rate for Purchases					
Annual Percentage Rate for Purchases and BalanceTransfers	11.15%	Annual Percentage Rate (APR) for Cash Advances and Convenience Checks	11.15%		
Variable Rate Information	Your annual percentage rate (APR) may vary. The rate is determined quarterly by adding a margin of 6.4% for purchases and a margin of 6.4% for cash advances to the Prime Rate as published in The Wall Street Journal on December 1, March 1, June 1, and September 1 (or if such dates do not fall upon a Business Day, the first publication day thereafter). The margin can also change from time to time on advance notice.				
How to Avoid Paying Interest on Purchases	Your 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.				

Fees		
Annual Fee	None	
Transaction Fees	\$10 for each advance. \$8 for each overdraft transfer toyour CEFCU Business Checking account  1% of each Purchase in U.S. dollars.  1% of each Cash Advance in U.S. dollars. (This fee is in addition to other applicable fees such as	
Additional Fees	Cash Advance fees.)  Late Fee: \$29; Overlimit Fee: \$29; Returned Check, ACH Tele-Entry, or Autopay Fee: \$25	

#### How We Will Calculate Your Balance: We use a method called "average daily balance (including current transactions)."

This balance is figured for Purchases, for Balance Transfers, and for Cash Advances, separately, but adding the outstanding balance (including current transactions and deducting payments, credits, unpaid interest charges, and unpaid fees) for each day of the billing cycles, and then dividing by the number of days in the billing cycle.

The rates, information, and fees described above are accurate as of 8/1/17. This information may have changed after that date. To find out what may have changed: Call CEFCU Business Services at (309) 633-7065 or 1.800.633.7077, ext. 37065; write to us at CEFCU Business Services, P.O. Box 1715, Peoria, IL 61656-1715; or email us at business.services@cefcu.com.

Please submit the following documentation with your application:

## Corporations, Limited Liability Companies (LLC), Partnerships, and Sole Proprietorships

Completed personal financial statement(s) of principal owners(s).

#### Non-Profit Organizations or Unincorporated Associations

Board approved borrowing resolution which authorizes the opening of a CEFCU Business Mastercard account and contains a borrowing authorization stating the desired cardholders and credit limit(s).

Additional financial information may be required for some situations and specific requests.

### Important Information — Please Read

A) No applicant may be denied a credit card on account of race, color, religion, national origin, ancestry, age (between 40 and 70), sex, marital status, physical or mental handicap unrelated to the ability to pay or unfavorable discharge from military service. B) The applicant may request the reason for the rejection of his or her application for a credit card. C) No person need reapply for a credit card solely because of a marital status change unless the marital status change has caused deterioration in the person's financial position. D) A person may hold a credit card in any name permitted by law that he or she regularly uses and is generally known by, so long as no fraud is intended thereby.



