

CASHBACK FOR BUSINESS VISA® CREDIT CARD APPLICATION



An Amegy Bank ("Bank") business checking account is required for this product. **Checking Account Number:** _____

Applicant requests a total Company Credit Limit of \$ _____ (Bank may assign a lower credit limit)

Issue cards with the optional Visa payWave contactless feature.

IMPORTANT:

- Individuals with 20% or more ownership of the business and non-owner guarantors may be required to provide a current financial statement. Pending our credit review we may request additional information such as (but not limited to) company financial statements and/or tax returns of borrower(s) and/or guarantor(s).
- The bank cannot process applications that are incomplete, unsigned or missing documentation.

Check this box and provide the following if you would like information on card and account transaction reporting solutions:

Contact: _____ Phone Number: _____ E-Mail Address: _____

BUSINESS INFORMATION ("Applicant", "Borrower", "Company", "User", "you" or "cardholder")

| | | |
|----------------------|----------------|-----------------|
| Legal Business Name: | Tax ID Number: | Business Phone: |
|----------------------|----------------|-----------------|

Business Name as it should appear on the card(s) (Limited to 22 spaces, abbreviate if needed)

| | | | | |
|--------------------------|-------|--------|-----------|----------------------|
| Business Street Address: | City: | State: | Zip Code: | Number of Employees: |
|--------------------------|-------|--------|-----------|----------------------|

| | | | | |
|--|-------|--------|-----------|------------------------------|
| Mailing Address (If different from above): | City: | State: | Zip Code: | Length of Current Ownership: |
|--|-------|--------|-----------|------------------------------|

| | | |
|---------------------------|-------------------------------|---------------------|
| Gross Annual Sales: \$ | Last Year's Net Profit: \$ | Nature of Business: |
|---------------------------|-------------------------------|---------------------|

Type of Organization: Corporation Partnership Sole Proprietorship LLC Non-Profit Other _____

| | | | |
|----------------------|---------------|--------------------------|--------------------------------|
| Currently Bank With: | Bank Address: | Checking Account Number: | Average Monthly Balance: \$ |
|----------------------|---------------|--------------------------|--------------------------------|

Choose a Monthly Billing Option:

Combined ("Control Account" with all cardholder transactions combined into a single statement) Individual (Individual cardholder billing statements)

| | | | |
|---|-----------------|---------------|---|
| Name of Person Authorized to Manage Company Accounts: | E-Mail Address: | Phone Number: | For security provide a unique 4 digit Program Administrator Access Code: ("PAAC") _____ |
|---|-----------------|---------------|---|

BUSINESS AUTHORIZATION

By signing this Application as an Authorized Officer of the Applicant, I am requesting that an Account be opened for the Applicant, and that Visa Business Credit Card(s) be issued to the cardholders listed on this Application. I furthermore represent that I am authorized to sign this Application on behalf of the Applicant and that all information provided herein is true and correct. I also authorize Bank to verify the information given and to lawfully receive and exchange credit information about the Applicant and its principle owner(s), both now and in the future. 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. I further certify that the extension, 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. I acknowledge and agree that Applicant is granting Bank a Uniform Commercial Code security interest in any 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. An electronic facsimile of my signature, in any capacity, may be used as evidence of Applicant's and my agreement to the terms of this Application.

| | | | |
|--|--|----------------------|---------------------|
| <u>Authorizing Officer Name(s) (Print):</u> | <u>Signature of Authorizing Officer(s):</u> | <u>Title:</u> | <u>Date:</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



PERSONAL GUARANTOR(S) SECTION:

- **ALL INDIVIDUALS WITH A 20% OR MORE OWNERSHIP OF THE BUSINESS MUST COMPLETE AND SIGN THE FOLLOWING SECTION.**
- **GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS ARE NOT REQUIRED TO COMPLETE THE PERSONAL GUARANTOR SECTION.**

| | | | |
|----------|-----------------------------|-------------------------|----------------|
| 1 | Name of Personal Guarantor: | Social Security Number: | Date of Birth: |
|----------|-----------------------------|-------------------------|----------------|

_____% Ownership of Company: Sole Owner Managing Member Partner CEO President Vice President Treasurer Other:_____

| | | | |
|----------------------|-------|--------|------|
| Home Street Address: | City: | State: | Zip: |
|----------------------|-------|--------|------|

| | | |
|---|--|-----------------------------------|
| Issue a card? <input type="checkbox"/> Yes | Print your name as it should appear on card (Limited to 22 spaces abbreviate if necessary): ----- | Credit Limit ¹ : \$ |
|---|--|-----------------------------------|

| | | | |
|----------|-----------------------------|-------------------------|----------------|
| 2 | Name of Personal Guarantor: | Social Security Number: | Date of Birth: |
|----------|-----------------------------|-------------------------|----------------|

_____% Ownership of Company: Sole Owner Managing Member Partner CEO President Vice President Treasurer Other:_____

| | | | |
|----------------------|-------|--------|------|
| Home Street Address: | City: | State: | Zip: |
|----------------------|-------|--------|------|

| | | |
|---|--|-----------------------------------|
| Issue a card? <input type="checkbox"/> Yes | Print your name as it should appear on card (Limited to 22 spaces abbreviate if necessary): ----- | Credit Limit ¹ : \$ |
|---|--|-----------------------------------|

| | | | |
|----------|-----------------------------|-------------------------|----------------|
| 3 | Name of Personal Guarantor: | Social Security Number: | Date of Birth: |
|----------|-----------------------------|-------------------------|----------------|

_____% Ownership of Company: Sole Owner Managing Member Partner CEO President Vice President Treasurer Other:_____

| | | | |
|----------------------|-------|--------|------|
| Home Street Address: | City: | State: | Zip: |
|----------------------|-------|--------|------|

| | | |
|---|--|-----------------------------------|
| Issue a card? <input type="checkbox"/> Yes | Print your name as it should appear on card (Limited to 22 spaces abbreviate if necessary): ----- | Credit Limit ¹ : \$ |
|---|--|-----------------------------------|

| | | | |
|----------|-----------------------------|-------------------------|----------------|
| 4 | Name of Personal Guarantor: | Social Security Number: | Date of Birth: |
|----------|-----------------------------|-------------------------|----------------|

_____% Ownership of Company: Sole Owner Managing Member Partner CEO President Vice President Treasurer Other:_____

| | | | |
|----------------------|-------|--------|------|
| Home Street Address: | City: | State: | Zip: |
|----------------------|-------|--------|------|

| | | |
|---|--|-----------------------------------|
| Issue a card? <input type="checkbox"/> Yes | Print your name as it should appear on card (Limited to 22 spaces abbreviate if necessary): ----- | Credit Limit ¹ : \$ |
|---|--|-----------------------------------|

By signing below, in my individual capacity (even if I place a title or other designation next to my signature), I jointly, severally and 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. As guarantor, I 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; (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 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. I also 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 guarantors without proceeding against the Applicant or other guarantor. An electronic facsimile of my signature, in any capacity, may be used as evidence of my agreement to the terms of this guaranty.

Signature of Guarantor #1: _____ **Date:** _____

Signature of Guarantor #2: _____ **Date:** _____

Signature of Guarantor #3: _____ **Date:** _____

Signature of Guarantor #4: _____ **Date:** _____

ISSUE A CARD TO THE FOLLOWING AUTHORIZED CARDHOLDER(S) ("USER")

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

Information About Card Embossing:

1. Each card will be embossed with a unique number assigned to the individual card User.
2. Both the User name and Company name are required to be embossed on the card².

| | Name of Authorized User(s) to be Issued a Card ² (Embossing on card is limited to 22 spaces, abbreviate name if necessary) | Date of Birth (mm/dd/yyyy) | Credit Limit ¹ (Increments of \$100) |
|----|--|-------------------------------|--|
| 1 | | | \$ |
| 2 | | | \$ |
| 3 | | | \$ |
| 4 | | | \$ |
| 5 | | | \$ |
| 6 | | | \$ |
| 7 | | | \$ |
| 8 | | | \$ |
| 9 | | | \$ |
| 10 | | | \$ |
| 11 | | | \$ |
| 12 | | | \$ |
| 13 | | | \$ |
| 14 | | | \$ |
| 15 | | | \$ |

¹ The combined total of all individual User Credit Limits cannot exceed the Company Credit Limit authorized/approved by the Bank.

² 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 by completing and submitting a "Release and Waiver" form.

Send completed Application and any supporting documents to one of the following:

Fax: 888-357-0210

Email: BusinessCreditApps@zionsbancorp.com

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

FOR BANK USE ONLY

Cost Center/Branch #: _____ Employee: _____ Employee #: _____ Phone Number: () _____