

EASTWOOD BANK VISA™ BUSINESS CREDIT CARD APPLICATION
Company Information:

Company Name _____
 Company Address _____
 City _____ State _____ Zip _____
 Phone _____

Tax ID# _____ Incorporated in which state _____
 Nature of Business _____ Date Business Started _____
 Annual Sales \$ _____

Type of Organization (check one)

- Sole Proprietor
 General Partnership
 Limited Partnership
 Government Organization
 For-Profit Corporation
 Non-Profit
 Non-Incorporated
 Limited Liability Company

Financial References:

Bank Name _____ Location _____
 Account Number _____ Account Officer _____
 Name of Business Owner(s) _____

 Social Security Number(s) _____
 Name(s) and Title(s) of Principal Officer(s) or Members of Limited Liability Co.

 Social Security Number(s) _____

The undersigned agrees that if this application is accepted and card(s) issued, the Company will be bound by the terms and conditions within the Cardholder Agreement accompanying the card(s) and any renewal or replacement card(s). To the extent permitted by law, the Company shall be responsible and liable for any unauthorized use of any card(s) issued to Company pursuant to this application. It is the Company's responsibility to secure all Company credit cards(s) from terminated employees. The financial institution is authorized to verify the statements contained herein, and to make whatever credit inquiries it deems necessary.

Annual Percentage Rate	Annual Fee	Grace Period for Purchases	Finance Charge
14.9%	NONE	No finance or service charge will be assessed on purchases of goods or services if payment in full is received within 25 days of the closing date of the prior billing period. On cash advances, finance charges are assessed from the day the cash advance posts to the account until the day payment is received in full.	Average daily balance calculation method: 50¢ minimum finance charge.
Late fee: \$25. Over limit fee: \$25. Cash Advance: ATM advance is \$5; Advance from any other source is 2% of the amount advanced with \$2 minimum fee and \$10 maximum fee. Returned check fee: \$25. Payment by phone is \$10.			

Authorized Card Users – Individuals authorized to be issued separate cards (please print and sign):

Last Name _____ First Name _____ Middle Initial _____
 Social Security Number _____ Date of Birth _____
 Credit Limit _____ Account # Label _____
 Signature _____

Last Name _____ First Name _____ Middle Initial _____
 Social Security Number _____ Date of Birth _____
 Credit Limit _____ Account # Label _____
 Signature _____

Last Name _____ First Name _____ Middle Initial _____
Social Security Number _____ Date of Birth _____
Credit Limit _____ Account # Label _____
Signature _____

Last Name _____ First Name _____ Middle Initial _____
Social Security Number _____ Date of Birth _____
Credit Limit _____ Account # Label _____
Signature _____

1. _____ ("Company") agrees to be bound by the terms and conditions set forth in the Cardholder Agreement accompanying the card(s) and any renewal or replacement card(s) issued by Eastwood Bank. When issued, the card(s) will permit the Company to make purchases and obtain cash advances which will constitute extensions of credit to the Company by Eastwood Bank.
2. The accompanying specimen signature(s) set forth for each authorized user is (are) the true signature(s) of said authorized user(s).
3. The undersigned represents and warrants to Eastwood Bank that: a. Company has taken all action required by its organizational documents to authorize the individuals whose names and signatures appear within this application to act on behalf of Company; and b. The undersigned have full authority to execute this Agreement.
4. Company represents and warrants that the information provided herein is accurate and agrees to immediately notify Eastwood Bank, in writing, if there is any change in authorized users name, or if any other information changes or is rescinded or modified in any way.

This agreement must be signed by: All Partners (if a partnership) Governing Board (if a public office account)
 At least two authorized officers (if a corporation) All members or designated manager(s) (if a limited liability company)

Company Name _____ By _____
Title _____ By _____
Title _____ Date of Application: _____

FOR INTERNAL BANK USE ONLY

Application Approved Company Code _____ Application Denied Financials Received Loan Officer Initials _____