



# American College of Forensic Examiners

Please Mail Completed Application to  
BankCard Center  
P.O. Box 779, Jefferson City, MO 65102

® MEMBER FDIC

	Annual Percentage Rate	Variable Rate Information	Annual Card Fee	Grace Period for the Repayment of the Balance for Purchases	Cash Advance Transaction, Over-the-Credit-Limit & Late Fees	Balance Calculation Method
Business Card	<b>13.15%</b>	A variable rate of Prime plus 4.9%. Annual Percentage Rate may change monthly and is determined by the highest Prime Rate as reported in the Wall Street Journal on the 15 <sup>th</sup> day of the month. (Minimum 8.9%)	NONE	If you pay your entire Balance in full within 25 days of your Billing Closing Cycle Date each month, you will avoid finance charges on purchases.	Cash Advance Transaction Fee: 3% of the transaction amount (minimum \$5.00, maximum \$25.00) Over-the-Credit Limit Fee: \$29.00 Late Fee: \$29.00	Average Daily Balance including new transactions.

Card cost information is effective as of May 2007. For updates write: BankCard Center, P.O. Box 779, Jefferson City, MO 65102.

## 1. Your Business Information

Name of Business (as you would like it to appear on your card – maximum of 21 characters)

Legal Name of Business (if different from above)

Taxpayer ID Number

Business Mailing Address

Business Mailing City, State Zip

Physical Address

Physical City, State Zip

E-Mail Address (optional)

Years In Business

Number of Employees

Annual Revenue \$

- Type of Business:
- Professional     Service
- Retail     Manufacturing
- Sales     Other

- Legal Structure \*:
- Corporation     Sole Proprietorship
- Partnership     Non-Profit
- LLC     Other

\* We reserve the right to request additional financial information from the company or guarantor.

## 2. The following is to be a recipient of a MasterCard® BusinessCard issued by The Central Trust Bank and hereby agrees to having such card issued bearing the respective name of the undersigned:

### Employee Information

Last Name                      First Name                      Initial

Birth Date                      Social Security #

Physical Home Address

Physical City, State Zip

Credit Limited Requested \$

Home Phone

Work Phone

Driver's License #

State Issue

Exp. Date

Employee's Signature

If this application is accepted and the requested MasterCard® issued, the company shall have entered into a contract with bank, subject to the terms and conditions transmitted with said card, and any future amendments thereto. The term "cardholder" in the MasterCard® Agreement refers to both the company and the persons named on the card. The company is liable for all amounts incurred through the use of such cards. Each MasterCard® bankcard issued shall be an extension of said contract. Upon consideration of this application, bank may request a consumer credit report or reports for employees and/or authorized signer(s) from one or more consumer reporting agencies. Information may be exchanged with others regarding bank's extension of credit to applicant. Bank reserves the right to retain this application whether or not it is approved. The authorized signer (applicant) in signing below certifies that all sections of this application have been read by the applicant and that the information contained herein is true and correct and the applicant further certifies that he/she is 18 years of age or older. The giving of false information on applications for credit is a criminal offense and may be punishable by a fine and/or imprisonment. IF THIS APPLICATION IS APPROVED, THE MASTERCARD® BUSINESSCARD WILL BE ISSUED BY THE CENTRAL TRUST BANK, JEFFERSON CITY, MO, AS CREDITOR TO THE PERSON NAMED THEREON, MEMBER FDIC.

## 3. Authorized Officer Signature/Guarantor

I am an Authorized Officer of the Business with the authority to bind the Business to the terms of this Agreement. \*\*

The execution, delivery and performance of this Agreement have been duly authorized. I understand that the Business and I are individually and jointly liable for paying charges on the Account according to the Terms and Conditions.

Authorized Signature(s)

Date

## 4. Please choose a pay statement

Individual Pay

Consolidated Pay

\*\*Important: A Corporate Resolution noting authorized signer must accompany this form or be on file with BankCard Center in order to process this application.

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.