

MasterCard [®] Platinum Business Card

Check Account Choice: (Only One) Sole Owner Partnership Corporation Credit Limit Requested

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, 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.

| COMPANY INFO | RMATION | | | | | | | |
|--|---|--|---|---|---|--|--|---|
| Name of Company | | | | | | | Tax I.D. Numb | er |
| Company Address | | City | | State | : | Zip Code | Business Phor | 10 |
| Type of Business | | | | | | | How Many Yea | ars in Business |
| | | | DLLOWING INDIN s includes the signature a | | box. | Attach additional sheet if r | necessary (with sig | gnatures) |
| Last Name | | First | | Middle | | | Social Security | Number |
| Company Title | | | | Division / Departme | ent | | Date of Birth | |
| Home Address | | City | | State | | Zip | Home Phone | |
| Signature | | | | Limit for this Individ Card Available for 0 | | \$ Inces: Yes No | Date | |
| Last Name | | First | | Middle | | | Social Security | Number |
| Company Title | | | | Division / Departme | ent | | Date of Birth | |
| Home Address | | City | | State | : | Zip | Home Phone | |
| Signature | | | | Limit for this Individu | | \$ | Date | |
| | | | | Card Available for C | | nces: Yes No Attach additional sheet if r | ecessary (with sid | anatures) |
| Institution Name and Ad | | | | Branch | | Loans Deer | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Closed |
| Checking Account Numb | per / Name Listed | | | Savings Account N | umber / Na | ame Listed | | |
| Name and Address of Tr | ada Bafaranaaa | Nama Linda | r Which Account Is Carried | 4 | | Account Number | Balance | Monthly Payment |
| 1. | | | | | | | \$ | \$ |
| 2. | | | | | | | \$ | \$ |
| 3. Institution Credit Card | / Institution Name and A | Address | | | | | \$ | \$ |
| | | | | | | | P | + |
| CONDENSED B | USINESS FINAN | ICIAL STATEM | IENT | | | Bank reserves the right to | require additional | information |
| CURRENT ASSETS | \$ | | | | | CURRENT LIABILITIES | | \$ |
| TOTAL ASSETS | \$ | | | | | TOTAL LIABILITIES | | \$ |
| IMPORTANT: | THE FINANCIAL S BEFORE YOUR AF | TATEMENT OR AN A PPLICATION CAN BE | TTACHED STATEMENT PROCESSED. | MUST BE COMPLE | TED | NET WORTH (Total Assets Less Liabiliti | es) | \$ |
| and complete. 1 / W parties. This offer is which will be mailed applicant's use. If th AUTHORIZED OFF PRESIDENT/ X | e agree that inquiries subject to the credit to the applicant if th is is a joint applicatio ICER MUST BE ON (CHAIRMAN | s may be made to policies of this ins is application is gr on, the undersigner E OF THE FOLLO V.P. | verify information and stitution. I / We agree ranted, receipt of suc d shall be jointly and DWING (check one): TREASURER | d that credit refere to be bound by the h agreement and severally liable for PARTNE | nces or v he terms accepta any and ER | credit and I / We certify verification may be giv and conditions of the nce of such terms to b all credit extended fro OWNER (% of Ov | en based on in bank card agre be conclusively om time to time wnership | quiries from other sement, a copy of presumed by the) |
| Applicant Signatur | е | Title | Date | Authorizing | Signature | 9 | Title | Date |
| transfer will be subje Credit Card Issuer | h to transfer my prese ct to finance charges | ent balance on the the day of posting | to your new account. | Account Number | | tairie Bank & Trust cr \$ | | |
| X | | | | X | | | | |
| Applicant Signatur | e | Title | Date | Authorizing S | Signature | | Title | Date |
| | USE ONLY | | | | | | | |
| ACCOUNT NO 1 | | | | ACCOUNT NO 2 | 2 | | | |
| DATE RECEIVED | | | | RECEIVED BY | | | | |

All contents are accurate at the time of printing, for changes that may have been made after printing please call 504-834-6330 or 985-674-2255

CREDIT DISCLOSURES

| Interest Rates and Interest Charges | MasterCard [®] Platinum | | | | |
|--|--|--|--|--|--|
| Annual Percentage Rate (APR) for Purchases | 0% intro APR for $6\ months$ from date of account opening. After the intro APR expires, your APR will be 15.99% APR. This rate may vary based on market prime rate. | | | | |
| APR for Balance Transfers | 0% intro APR for 6 months from date of account opening. Balance transfers received after the first 6 months of account opening, the APR will be 15.99%. This rate may vary based on market prime rate | | | | |
| APR for Cash Advances | 17.99% This rate may vary based on market prime rate | | | | |
| Penalty APR and When it Applies | None | | | | |
| How to Avoid Paying Interest on Purchases | Your due date is at least 25 days after the close of each bill period (at least 23 days for billing periods that begin in February). 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 \$0.50 | | | | |
| For Credit Card Tips from the Federal Reserve Board | To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at: https://www.consumerfinance.gov/learnmore | | | | |
| Fees | MasterCard [®] Platinum | | | | |
| Annual Fee | None | | | | |
| | Up to \$5.00 or 3% of the amount transferred, whichever is greater Up to \$10.00 or 4% of the amount, whichever is greater Up to 2% each transaction in US Dollars | | | | |
| Penalty Fees • Late Payment | Up to \$15 if the minimum required payment is not received within 10 days after the closing date to the payment due date. | | | | |
| | NONE Up to \$25 | | | | |
| Loss of Introductory APR: | We may end your introductory APR and apply the APR for Purchases or Balance Transfers if you become more than 60 days late in paying your bill. | | | | |