



**MasterCard® Platinum Business Card**

Credit Limit Requested \$ \_\_\_\_\_

**Check Account Choice: (Only One)**

- Sole Proprietor     Corporation  
 Partnership     LLC

**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 INFORMATION**

Name of Company			Tax I.D. Number	
Company Address	City	State	Zip Code	Business Phone
Type of Business			How Many Years in Business	

**ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:**

The information gathered for the individuals to receive the credit cards includes the signature at the bottom of each box.

Attach additional sheet if necessary (with signatures)

Last Name		First	Middle	Social Security Number
Company Title		Monthly Gross Income		Date of Birth
Home Address	City	State	Zip	Home Phone
Signature		Limit for this Individual Card: \$ _____ Card Available for Cash Advances: Yes No		Date
Last Name		First	Middle	Social Security Number
Company Title		Monthly Gross Income		Date of Birth
Home Address	City	State	Zip	Home Phone
Signature		Limit for this Individual Card: \$ _____ Card Available for Cash Advances: Yes No		Date

**CREDIT INFORMATION**

Attach additional sheet if necessary (with signatures)

Institution Name and Address		Branch	Loans	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
Checking Account Number / Name Listed		Savings Account Number / Name Listed			
Name and Address of Trade References	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment	
1.			\$	\$	
2.			\$	\$	
3.	Institution Credit Card / Institution Name and Address		\$	\$	

**CONDENSED BUSINESS FINANCIAL STATEMENT**

Bank reserves the right to require additional information

CURRENT ASSETS	\$	CURRENT LIABILITIES	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
<b>IMPORTANT:</b> THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED.		NET WORTH (Total Assets Less Liabilities)	\$

**SIGNATURE(S)**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:** This statement is submitted to obtain credit and I / We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

**AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (check one):**

- PRESIDENT/CHAIRMAN     V.P.     TREASURER     PARTNER     OWNER (% of Ownership \_\_\_\_\_)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Applicant Signature Title Date Authorizing Signature Title Date

**TRANSFER OF BALANCE REQUEST**

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new Metairie Bank & Trust credit card account. The balance transfer will be subject to finance charges the day of posting to your new account.

Credit Card Issuer \_\_\_\_\_ Account Number \_\_\_\_\_  
 Payment Address \_\_\_\_\_ Amount to be Transferred \$ \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Applicant Signature Title Date Authorizing Signature Title Date

**FOR INTERNAL USE ONLY**

ACCOUNT NO 1		ACCOUNT NO 2	
DATE RECEIVED		RECEIVED BY	

**CREDIT DISCLOSURES**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>MasterCard® Platinum</b> 0% intro APR for <b>6 months</b> from date of account opening. After the intro APR expires, your APR will be <b>15.99%</b> APR. This rate may vary based on market prime rate.
<b>APR for Balance Transfers</b>	0% intro APR for <b>6 months</b> from date of account opening. Balance transfers received after the first 6 months of account opening, the APR will be <b>15.99%</b> . This rate may vary based on market prime rate
<b>APR for Cash Advances</b>	<b>17.99%</b> This rate may vary based on market prime rate
<b>Penalty APR and When it Applies</b>	None
<b>How to Avoid Paying Interest on Purchases</b>	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.
<b>Minimum Interest Charge</b>	If you are charged interest, the charge will be no less than \$0.50
<b>For Credit Card Tips from the Federal Reserve Board</b>	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: <a href="https://www.consumerfinance.gov/learnmore">https://www.consumerfinance.gov/learnmore</a>
<b>Fees</b>	
<b>Annual Fee</b>	<b>MasterCard® Platinum</b> None
<b>Transaction Fees</b> <ul style="list-style-type: none"><li>• Balance Transfer</li><li>• Cash Advances</li><li>• Foreign Transaction</li></ul>	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
<b>Penalty Fees</b> <ul style="list-style-type: none"><li>• Late Payment</li><li>• Over-the-Credit Limit</li><li>• Returned Payment</li></ul>	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
<b>Loss of Introductory APR:</b>	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.

**How We Will Calculate Your Balance:** We use a method called "average daily balance" (including new purchases). \* An explanation of this method is provided in your account agreement.  
**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

# Certification of Beneficial Owners of Legal Entities

Financial Institution Name:		Financial Institution Location:	
Financial Institution Contact Person:	Contact Phone Number:	Customer Portfolio/Identifier:	

## I. GENERAL INSTRUCTIONS

### What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

### What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

**II. CERTIFICATION OF BENEFICIAL OWNER(S)**

**Persons opening an account on behalf of a legal entity must provide the following information:**

<b>Name of Natural Person Opening Account:</b>	<b>Title of Natural Person Opening Account:</b>
<b>Name of Legal Entity for Which the Account is Being Opened:</b>	
<b>Physical Address of Legal Entity for Which the Account is Being Opened:</b>	

**Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:**

<b>Name</b>		<b>Date of Birth</b>	<b>Address (Residential or Business Street Address)</b>	<b>For U.S. Persons: Social Security Number</b>	<b>For Foreign Persons: Passport Number and country of issuance, or other similar identification number</b>
First			Street		Number
Last			City		Country of Issuance
			State & Zip		
First			Street		Number
Last			City		Country of Issuance
			State & Zip		
First			Street		Number
Last			City		Country of Issuance
			State & Zip		
First			Street		Number
Last			City		Country of Issuance
			State & Zip		

**If checked, Beneficial Owner listing requirement is Not Applicable**

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- ◆ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ◆ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and country of issuance, or other similar identification number
First		Street		Number
Last		City		Country of Issuance
Title		State & Zip		

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Institution Use Only:**

	Type of Document	Document ID Number	Place of Issuance	Date of Issuance	Expiration Date
Owner 1	<input type="checkbox"/> Driver's License or <input type="checkbox"/> _____				
Owner 2	<input type="checkbox"/> Driver's License or <input type="checkbox"/> _____				
Owner 3	<input type="checkbox"/> Driver's License or <input type="checkbox"/> _____				
Owner 4	<input type="checkbox"/> Driver's License or <input type="checkbox"/> _____				
Control	<input type="checkbox"/> Driver's License or <input type="checkbox"/> _____				