



## Visa® Business Credit Card Application

TYPE OF CARD DESIRED:     BUSINESS REWARDS FIXED RATE (Annual Fee)     BUSINESS WITH NO REWARDS  
 BUSINESS REWARDS VARIABLE RATE (Annual Fee)

**COMPANY INFORMATION**     Corporation     Partnership     Sole Proprietorship     Other

Business Name		Year Company Started	Tax ID #
Physical Address			City, State, Zip
Mailing Address (if different than physical address)			City, State, Zip
Business Phone	Fax		

Name of Company as you would like to see on the card (limit 22 Characters and spaces)

Individuals at Company who are authorized to request additional cards and/or limit.

Name/Title		Name/Title	
Business Type	Annual Sales Volume	Annual Net Income	Employee Size Range
<input type="checkbox"/> Architecture/Engineering	<input type="checkbox"/> Agriculture	<input type="checkbox"/> <\$500,000	<input type="checkbox"/> 1-4
<input type="checkbox"/> Real Estate Insurance	<input type="checkbox"/> Construction	<input type="checkbox"/> \$500,000-\$1 Million	<input type="checkbox"/> 5-9
<input type="checkbox"/> Business & Personal Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> \$1 Million-\$2.5 Million	<input type="checkbox"/> 10-19
<input type="checkbox"/> Transportation	<input type="checkbox"/> Wholesale	<input type="checkbox"/> \$2.5 Million-\$5 Million	<input type="checkbox"/> 20-49
<input type="checkbox"/> Communications	<input type="checkbox"/> Retail	<input type="checkbox"/> \$5 Million-\$10 Million	<input type="checkbox"/> 50-99
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Financial	<input type="checkbox"/> \$10 Million-\$20 Million	<input type="checkbox"/> 100-249
<input type="checkbox"/> Home Based Business	<input type="checkbox"/> Health Care	<input type="checkbox"/> \$20 Million +	<input type="checkbox"/> 250-499
<input type="checkbox"/> Non-Profit/Government	<input type="checkbox"/> Other	<input type="checkbox"/> \$10 Million +	<input type="checkbox"/> 500+

**AUTHORIZED USERS**

If you are requesting more than 5 cards, please attach a separate sheet of paper with required information. You may authorize to use your account the person(s) identified as your "authorized user(s)". \*Each authorized user will be issued a card. The authorized user must affix his or her signature on the reverse side of the card. The person(s) you list below are designated as authorized user(s). Indicate how you want each card to read. For each card issued, you must designate an individual credit limit. The individual credit limits will be added to determine the total credit limit (credit limits are subject to approval).

First Name	Last Name	SS #	Requested Limit \$
First Name	Last Name	SS #	Requested Limit \$
First Name	Last Name	SS #	Requested Limit \$
First Name	Last Name	SS #	Requested Limit \$
First Name	Last Name	SS #	Requested Limit \$

**GUARANTOR INFORMATION**    When applying rewards card, all rewards earned will be in  Company name  Employee name

"Company" means the applicant in this application. "We", "us", "our" means American Bank & Trust Company. By signing below, each guarantor is signing as an authorized representative on behalf of Company and on his/her own behalf, individually, in that capacity, such person certifies that the information in this application is true and correct and that he/she has full power and authority to sign this application on behalf of Company. If the company is a corporation, an authorized corporate officer(s) must sign on behalf of the Company. Company and each person signing below: (I) request that the Visa cards be issued in reference on this application. (II) agree to comply with the agreement furnished with the cards and (III) agrees that we may obtain additional information from credit bureaus and other lawful sources, including persons and other companies named in this application, to verify the creditworthiness of Company and the undersigned. Each person(s) signing below is signing as a guarantor. We may require additional Card members to sign a separate guarantee. Company and each guarantor shall be jointly and severally liable for co-payment of all amounts due on any and all accounts opened in response to this application or subsequently on behalf of Company.

If there are more than 2 guarantors, please attach a separate sheet of paper with required information.

**Guarantor #1**

First Name	Last Name	SS #
Date of Birth	Residence Address	City, State Zip
<input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> \$50,000-\$75,000 <input type="checkbox"/> 75,000 -\$100,000 <input type="checkbox"/> \$100,000 + Personal Income Range		
Guarantor Signature	Date	

**Guarantor #2**

First Name	Last Name	SS #
Date of Birth	Residence Address	City, State Zip
<input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> \$50,000-\$75,000 <input type="checkbox"/> 75,000 -\$100,000 <input type="checkbox"/> \$100,000 + Personal Income Range		
Guarantor Signature	Date	

Total Cards Requested    Total requested Credit for all Cards

**Please provide the preceding three years of company financial statements. We may also request additional information.**



# CERTIFICATION OF BENEFICIAL OWNER(S)

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

a. Name and Title of Natural Person Opening Account:

b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened.

c. 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.

Name	Date of Birth	Address (Residential or Business Street)	For U.S. Persons <sup>1</sup>	For Non-U.S. Persons <sup>2</sup>

d. 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 section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Street)	For U.S. Persons <sup>1</sup>	For Non-U.S. Persons <sup>2</sup>

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

**A copy of Driver's License(s) for all persons listed in section(s) c. and/or d. is required before any credit cards will be issued for the account.**

X \_\_\_\_\_  
 Natural person opening account

Date

<sup>1</sup>U.S. persons must provide a social security number.

<sup>2</sup>Non-U.S. persons must provide a social security number, passport number and country of issuance, or similar identification number. In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.





## CREDIT RATE DISCLOSURE

### INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate for Purchase, Cash Advances and Balance Transfers	<b>13.99%</b> Fixed No Rewards Card <b>13.99%</b> Fixed Cash Back Account <b>8.24%</b> Variable* Cash Back Account <small>*This APR will vary with the Market based on Prime Rate (Prime + 4.99%)</small>
How to Avoid Paying Interest on Purchases	Your payment due date is at least 25 days after the close of each billing cycle. We will not charge you 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 \$2.00
For Credit Card Tips from the Consumer Financial Protection Bureau	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="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>
<b>FEES</b>	
Annual Fee	<b>\$40 per card Cash Back Accounts</b>
<b>TRANSACTION FEES</b>	
• Balance Transfer	Either \$15 or 3% of the transfer, whichever is greater (maximum fee: \$50)
• Cash Advance	Either \$15 or 3% of the transfer, whichever is greater (maximum fee: \$50)
• Foreign Transaction	1% of each transaction in U.S. dollars
<b>PENALTY FEES</b>	
• Late Payment	<b>Amount of minimum payment up to \$25.00</b>
• Over-the-Credit Limit	<b>None</b>
• Returned Payment	<b>Amount of the minimum payment up to \$20.00</b>
<b>OTHER FEES</b>	
• Non-Automated Pay by Phone	<b>\$10.00</b>

**How We Calculate Your Balance.** We use a method called "average daily balance (including new purchases.)"

**Billing Rights:** Information on your right to dispute transactions and how to exercise those rights is provided in your agreement.

The information about the costs of the card described in this application is accurate as of January 2020, when it was printed. This information may have changed after that date.

To find out what may have changed, write to us at:  
American Bank & Trust Company N.A.

Attn: Visa Credit Card Department

4301 E. 53rd Street  
Davenport, IA 52807

Or

email us at: [cardmemberservices@ambankqc.com](mailto:cardmemberservices@ambankqc.com)

