SOUTH LOUISIANA BANK VISA APPLICATION FOR BUSINESS

APPLICANT/COMPANY I (Please print clearly, missing information may a)		N						
	,				Tou ID			
Name of Company								
					State Zip			
Type of Business	iness No. of Years in Business					Business Phone		
CREDIT INFORMATION Bank Name & Address								
Do you have open loans? \square Yes \square No	Do you have paid	out loans? □ Yes □ No Lo	an Officer		Banki	ng Officer		
Checking Account Number/Account Title								
Savings Account Number/Account Title _								
	Name & Address of Trade References		Name Under Which Account is Carried		Account Number		Monthly Payment	
2								
3								
J								
CONDENSED BUSINESS Current Assets \$,					
Total Assets \$								
YTD Net Income \$								
Annual Net Income Past 3 Years: Year 1								
		ove Must Be Completed or Attached State						
CREDIT DISCLOSURES								
CREDIT DISCLOSURES	T	I	1	T		T	_	
Annual Percentage Rate (APR)	Annual Membership Fee (per card)	Method of Computing the Balance for Purchases	Late Payment Fee	Over the Limit Fee	Grace Period for Purchases	*Cash Advance	Fee Fee	
9.25% - Purchases	\$50.00	Average Daily Balance Including New Purchases	\$25.00	\$25.00	25 Day*		sh advance 100 maximum ble upon request*	
14.99% - Cash Advance								
of payment is more than 25 days from the closing dadally balances in the business cycle by the number of Purchases posted into your account, and subtracting * A Finance Charge will be assessed on cash adv is paid in full. At the date that this application was puriting South Louisiana Bank, P.O. Box 1718 Houma,	f days in the cycle. Each da any payments as received ances from the date of the orinted (shown in the right h	illy balance of credit purchases is determir and credit as posted to your account, but e e cash advance or the first day of the bi	ed by adding to the outstar excluding any unpaid Finand Iling cycle in which the ca	e average daily baland ading unpaid balance be Charges. ash advance is poste	ee of Credit Purchases, voor Credit Purchases at the detection of the dete	which is determined ne beginning of the and will continue to	by dividing the sum of the billing cycle any new Credit of accrue until the payment	
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Please continue to the reverse side. revised 3/2011

The undersigned hereby absolutely, unconditionally and irrevocably guarantee the prompt payment of all indebtness arising under the VISA BusinessCard Account (the "Account") that South Louisiana Bank may establish for the Company pursuant to this Application. This guaranty will apply to the full amount of all purchases and cash advances made under Company's Account, whether or not these purchases or cash advances are made by Company or Authorized User or by anyone else using a credit card issued under the Account with or without the express or implied knowledge or consent of Company or any Authorized User under the Account. The undersigned bind themselves, their successors, heirs and assigns, jointly, severally and solidarily for full payment of the charges exactly as if the charges had been incurred by them. This guaranty shall apply to all indebtedness arising under the Account, together with all interest, attorney's fees and other charges.

The undersigned agree to be bound by the terms of our Bank Card Agreement, which will be sent with the credit card(s) if your application is approved. The undersigned agree that the terms of the Agreement governing your account are subject to changes, including but not limited to changes that result in increased rates and fees. The undersigned also agrees to allow South Louisiana Bank to obtain a consumer credit bureau report for purpose of evaluating this request for commercial or business purpose credit.

Signature of Co-applicant	Dat	te	
Signature of Co-applicant	Dat	te	
Signature of Co-applicant	Dat	te	
ADDITIONAL CARDS			
Please issue additional cards to the following indiv	iduals who will be authorized users only:		
Name (First, Middle, Last)			Social Security Number
Signature	Date of Birth		
Credit Limit Requested \$	**Cash Advance Limit Requested		
Name (First Middle Last)			Social Security Number
Name (First, Middle, Last)			Social Security Number
Signature	Date of Birth		
Credit Limit Requested \$	**Cash Advance Limit Requested		
Name (First Middle Last)			Social Security Number
Name (First, Middle, Last)			Social Security Number
Signature	Date of Birth		
Credit Limit Requested \$	**Cash Advance Limit Requested		

** Cash advance feature is available upon request only **

