South Louisiana Bank

VISA BUSINESS CREDIT CARD



SOUTH LOUISIANA BANK VISA APPLICATION FOR BUSINESS

Credit Limit Requested $ _____ Check Account Choice: *(Only One)* ☐ Sole Owner ☐ Partnership ☐ Corporation ☐ Other_____
($10,000 maximum limit)

APPLICANT/COMPANY INFORMATION

(Please print clearly, missing information may affect credit decision)

Name of Company _____ Tax ID _____

Company Address _____ City _____ State _____ Zip _____

Type of Business _____ No. of Years in Business _____ Business Phone _____

Phone _____ Phone _____

CREDIT INFORMATION

Bank Name & Address _____

Do you have open loans? ☐ Yes ☐ No Do you have paid out loans? ☐ Yes ☐ No Loan Officer _____ Banking Officer _____

Checking Account Number/Account Title _____

Savings Account Number/Account Title _____

Name & Address of Trade References	Name Under Which Account is Carried	Account Number	Balance	Monthly Payment
1.				
2.				
3.				

CONDENSED BUSINESS FINANCIAL STATEMENT

As of Month, Date _____

Current Assets $ _____ Current Liabilities $ _____

Total Assets $ _____ Total Liabilities $ _____

YTD Net Income $ _____ Net Worth *Total Assets, Less Liabilities* $_____

Annual Net Income Past 3 Years: Year 1: _____ Year 2: _____ Year 3: _____

The Financial Statement Above Must Be Completed or Attached Statement Must Be Submitted Before Your Application Can Be Processed.

CREDIT DISCLOSURES

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
9.25% - Purchases **14.99%** - Cash Advance	$50.00	Average Daily Balance Including New Purchases	$25.00	$25.00	25 Day*	4% of each cash advance $2 minimum/$100 maximum *Feature available upon request*

A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of the statement. If you elect not to pay the entire New Balance shown on your previous statement within that 25 day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle proceeding the date on which the entire New Balance is paid in full or until the date of payment is more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances in the business cycle by the number of days in the cycle. Each daily balance of credit purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted into your account, and subtracting any payments as received and credit as posted to your account, but excluding any unpaid Finance Charges.

*** A Finance Charge will be assessed on cash advances from the date of the cash advance or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until the payment is paid in full.** At the date that this application was printed (shown in the right hand corner below) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing South Louisiana Bank, P.O. Box 1718 Houma, LA 70361.

TRANSFER OF BALANCE REQUEST

Balance Transfer Terms: You should allow up to six weeks for us to evaluate your application, and if it is approved, open your credit card account (the "Account") and process your Balance Transfer Request. You should continue to make payments on any existing credit card account for which you have made a Balance Transfer Request until you receive a statement for that account reflecting the amount that you have transferred as a credit. We will not close your existing credit card account when we transfer its balance to your Account with us. If you wish to close the existing account, please contact your credit card issuer directly. The total amount of your balance transfer request cannot exceed the amount of credit available under your Account. If the total Balance Transfer Request exceeds your Account's credit availability, we may at our discretion send your creditor(s) either the full or partial amount of your Balance Transfer Request.

All Balance Transfer Requests will be processed as a credit purchase under the Terms of our Bank Card Agreement

Upon approval please transfer my present balance on the credit card account(s) listed below to my new credit card account.

☐ Visa Account Number_____ ☐ MasterCard Account Number _____

Signature _____ **Please send a copy of your last STATEMENT.**

SIGNATURES

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 inquires 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 bankcard 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. The officer signing on behalf of the Company hereby certifies that he is authorized by the Company to incur debt for the Company. Both the employee Cardholder and Company (as well as any heirs, successors and assigns of Company) will be bound and solidarily liable on the Account, regardless of whether the indebtedness on the Account is incurred for business or consumer purposes.

The corporation agrees 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 corporation agrees 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 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.

This application must be signed by an owner, officer, or partner of the company with the authority to bind the company to the terms of the Agreement.

Authorized Officer Must Be One of the Following: *(Check One)*

☐ President/Chairman ☐ V.P. ☐ Treasurer ☐ Owner ☐ Partner

Applicant's Signature _____ Title _____ Date_____

☐ President/Chairman ☐ V.P. ☐ Treasurer ☐ Owner ☐ Partner

Applicant's Signature _____ Title _____ Date_____

☐ President/Chairman ☐ V.P. ☐ Treasurer ☐ Owner ☐ Partner

Applicant's Signature _____ Title _____ Date_____

☐ President/Chairman ☐ V.P. ☐ Treasurer ☐ Owner ☐ Partner

Applicant's Signature _____ Title _____ Date_____

Please continue to the reverse side.

Business Credit Cards to the Following Officers, Partners and/or Owners

Name (First, Middle, Last) _____ Social Security Number _____

Company Title _____ Division/Department _____ Annual Income _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

DL# _____ State _____ Issue Date _____ Exp. Date _____

Name (First, Middle, Last) _____ Social Security Number _____

Company Title _____ Division/Department _____ Annual Income _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

DL# _____ State _____ Issue Date _____ Exp. Date _____

Name (First, Middle, Last) _____ Social Security Number _____

Company Title _____ Division/Department _____ Annual Income _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

DL# _____ State _____ Issue Date _____ Exp. Date _____

ADDITIONAL CARDS FOR AUTHORIZED USERS

Please issue additional cards to the following individuals 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 _____

Signature _____ Date of Birth _____

Credit Limit Requested $ _____ **Cash Advance Limit Requested _____

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 **

South Louisiana Bank

CERTIFICATION OF BENEFICIAL OWNER(S)

App. Date	Application No.	Loan Amount	Branch	Collateral	Officer	Init.

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.

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	Ownership %	Date of Birth	Address (Res. or Bus. Street Address)	For U.S. Persons[1]	For Non-U.S. Persons[2]

(If no individual meets this definition, please write "Not Applicable.")

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 (Res. or Bus. Street Address)	For U.S. Persons[1]	For Non-U.S. Persons[2]

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct, and on behalf of _____ _____, I agree to notify the financial institution of any change in such information.

X_____ _____

Natural person opening account **Date**

[1] U.S. Persons must provide a Social Security Number.

[2] 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, Non-U.S. Persons may also provide a Social Security Number, 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.

Legal Entity Identifier: _____ (Optional)

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Monitor your South Louisiana Bank Credit Card by logging onto

www.mycardstatement.com



For more information regarding a South Louisiana Bank Business Visa, please contact your local branch for more information or call us at 985.851.3434.

www.ayeee.com

Member FDIC

EQUAL HOUSING LENDER