



# Business Credit Application

PLEASE PRINT ALL INFORMATION

33% PMT

IN COMPLIANCE WITH THE U.S.A. PATRIOT ACT, SOUTHERN STATES BANKCARD ASSOCIATION IS REQUIRED TO IDENTIFY, VERIFY AND MAINTAIN RECORDS OF YOUR IDENTIFICATION

Date	Anticipated Monthly Purchase Volume	<b>FOR STORE USE ONLY</b>		Sale Amount
		Driver's License Number		Store Fax Number
Number of Cards Requested - Additional Cards, List Names On Separate Sheet		State	Employee Initials	Authorization Number

### APPLICANT

Full Legal Business Name		Name Your Company is Doing Business as (account will be set up in this name)		
Business Phone Number ( )		Business Fax Number ( )		
Address (cannot be a P.O. Box)		City	State	Zip + 4
Billing Address (if different from above)		City	State	Zip + 4
Person to Contact Regarding the Account; Please Include Phone Number				
Taxpayer ID Number	Month Business Started	Year Business Started	Number of Employees	

### PERSONAL GUARANTOR

Your Name (First, Middle, Last, Jr., Sr., etc. as it will appear on the card) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State Issued \_\_\_\_\_

Home Address (No P.O. Boxes) \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Time at Current Address (Year/Months) \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Previous Home Address (If at current less than three years)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years There \_\_\_\_\_

Employer (If self-employed, give name & type of business) \_\_\_\_\_

Business Telephone # \_\_\_\_\_ Years There \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Annual Income \_\_\_\_\_ Other Income (Amount & Source)\* \_\_\_\_\_

\*Do not disclose alimony, child support, spousal income, separate maintenance income or its source unless you want it to be considered for this application.

**STORE USE** U.S. CITIZEN IDEN.: Photo I.D., Driver's License State \_\_\_\_\_ Driver's License # \_\_\_\_\_ Other \_\_\_\_\_

NON U.S. CITIZEN IDEN.: U.S. Taxpayer I.D. #; Passport # and country of issuance; Alien I.D. card # and country of issuance or any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard. Circle item and describe: \_\_\_\_\_ I.D. Verified by: \_\_\_\_\_

I hereby certify that I have verified that all of the information furnished on this application is, to the best of my knowledge, complete and accurate. You and your designated agents may request a consumer credit report and information from any other source in connection with this application including my employer or any other source of my income, and subsequently in connection with any update, renewal, or additional extension of credit. Upon my request, you will tell me whether a consumer credit report was requested, the name and address of each consumer reporting agency from which you obtained a consumer report on me. You may also furnish on a regular basis credit and experience information regarding my Account and my Account Number to others seeking such information. By signing, using, or permitting another to use this Account, I agree that I am unconditionally, personally responsible for the performance and paying of any obligations arising from the extending of credit based on this application without first making any demand upon the applicant.

Signature of Authorized Officer \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name and Title \_\_\_\_\_

Signature of Guarantor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### BUSINESS BANK REFERENCES

Bank Name	Checking Account Number	Contact	Phone Number
Bank Address	City	State	Zip Code

Business Trade Reference	Phone	
1 _____	( ) _____	Ext. _____
2 _____	( ) _____	Ext. _____
3 _____	( ) _____	Ext. _____

Please read the DISCLOSURE SUMMARY attached

Member FDIC



Complete and sign this application and fax to 1-800-288-9365 or mail to Bank of Louisiana, P.O. Box 6972, Metairie, LA 70009-9984



# Business Credit Card Application

## KEEP FOR YOUR RECORDS DISCLOSURE SUMMARY

Annual Fees	No Annual Fee
Annual Percentage Rate (APR) for Purchases	19.8%
Other APRs	Default Rate: 21%, if account becomes 60 contractually days past due.
Grace Period for Repayment of Balances and Purchases	25 days before finance charge on purchases will be imposed. Assuming that you pay your outstanding balance in full within 25 days of the closing date for each billing cycle. Payments are 1/3 (33%) of statement new balance.
Method of Computing the Balance On Which Finance Charges are Assessed for Purchases	Average Daily Balance (including new purchases). Assuming that you have an outstanding balance at the beginning of the billing cycle and you elect to defer payment in full during the billing cycle.
Additional Fees	Late Payment Fee: \$25.00. Returned Check Fee: \$25.00. Photocopy Fee: \$7.50. Duplicate Statement Fee: \$3.00.
Minimum Finance Charge	\$1.00

- The Business Credit Card is issued by Bank of Louisiana/Southern States Bankcard Association (SSBA)
- This account is for business and commercial purposes. It is not for personal, family or household purposes.
- You may cancel your Account at any time by providing 30 days written notice to us, paying your outstanding balance (including all applicable interest and fees) and returning the card(s) to Bank of Louisiana, P.O. Box 6972, Metairie, LA 70009-6972.
- This information was correct as of the time of its printing (1/05) but is subject to change. You may call Bank of Louisiana/Southern States Bankcard Association at 1-800-666-6737, or write to us at P. O. Box 6972, Metairie, Louisiana, 70009-6972 to determine whether any of the information above has changed since this form was printed.

## INITIAL DISCLOSURE STATEMENT

This Initial Disclosure Statement is part of the Bank of Louisiana/Southern States Bankcard Association Credit Card Account Agreement that you will receive with your card if you are approved for credit. Please read it and keep it for your records.

**PROMISE TO PAY** - You agree to pay us in U.S. dollars for all purchases, including applicable finance charges and late fees and other charges, incurred by you or an Authorized User. You understand that we will be unable to determine whether any purchase made on your Account was in fact authorized by and for the benefit of the business in whose name the Account is established. You agree that the promise to pay, as contained in this section, will apply to all purchases made by you or an Authorized User whether or not the purchase was in fact authorized by and for the benefit of the business. All checks must be drawn on funds that are on deposit in a U.S. bank. We will not accept post-dated checks, nor any form of payment which contains any limitation or condition to immediate payment. We can accept late payments, partial payments or checks and money orders marked "payment in full" or with any other restrictive endorsement without losing any of our rights under this Agreement. Instruments which are not accepted by us as payment will not be returned, except for dishonored checks, which may be returned by your bank.

**FINANCE CHARGE** - Purchases: You can avoid paying finance charges on any purchases you make on your Account if: you paid the entire balance of your Account on the previous month's billing statement by the Payment Due Date; and if you pay the entire balance shown on your Account by the Payment Due Date shown on the current billing statement.

**GOVERNING LAW** - This Agreement shall be governed by and construed in accordance with the laws of the state of Louisiana and applicable federal law.