

Credit Card Choice:

(Only One)

- Globe
- NWSU
- Red Top
- Texture

Check Account Choice:

(Only One)

- Sole Owner
- Partnership
- Corporation

Credit Limit Requested \$ _____

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 FOLLOWING INDIVIDUALS:

Last Name	First	Middle	Social Security Number	
Company Title		Division/Department		Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature				Date

Last Name	First	Middle	Social Security Number	
Company Title		Division/Department		Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature				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 financial information

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

CREDIT APPLICATION (BUSINESS)

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: By signing this application and agreement, applicants request that BancCentral, National Association, establish a Business Credit Card account in accordance with this application and authorize BancCentral, National Association, to investigate, obtain, and exchange reports regarding this application or resulting account with credit reporting agencies and others. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. Applicants further agree to be liable for all charges as follows: (1) Company (Employer) shall be severally liable and agrees to pay Issuer for all Credit Purchases and Cash Advances obtained through the use of any card bearing the Cardholder's account number that has been issued to another person by reason of such person being an employee of Cardholder's company, or being a member of Cardholder's family, or other wise issued upon Cardholder's request. Applicants will use the account in accordance with the terms and conditions in BancCentral, National Association, cardholder agreement. This application must be signed by an officer, partner or proprietor of the company with the authority to bind the company to the terms of this agreement. Title must be indicated, where he or she signs the application, and if it is signed only once, he or she will be signing as the Individual Applicant and the authorizing officer.

X

Signature and Title of Authorizing Officer Title Date

X

Signature and Title of Authorizing Officer Title Date

X

Signature and Title of Authorizing Officer Title Date

X

Signature and Title of Authorizing Officer Title Date

CREDIT DISCLOSURES

Annual Percentage Rate for Purchases	14.40%	Grace Period for Purchases	25 Days*
Annual Percentage Rate Cash Advances	14.40%	Method of Computing the Balance for Purchases	Average Daily Balance Excluding New Purchases*
Annual Percentage Rate for Balance Transfers	14.40%	* 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 billing cycle during which such transactions are posted to your account within 25 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the statement closing date (but not on Credit Purchases posted during the current billing period) and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if 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 during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by subtracting from the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any payments as received and credits as posted to your account, but excluding any unpaid finance charges	
Late Payment	\$30.00		
Over The Limit Fee	\$30.00		
Dishonored Check Fee	\$35.00		
Balance Transfer Fee	\$0.00		
At the date this application was printed (shown in the lower right-hand corner - this side) the information listed above and to the right was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the business address: BancCentral, National Association PO Box 667 Alva OK 73717-0667			

FOR INTERNAL USE ONLY

Visa Account Number:		
Date Approved	Credit Line	Approved By