Visa Business Credit Card Application

PLEASE NOTE: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Therefore, Quad City Bank & Trust (the "Bank") will ask for certain information pertaining to your business (the "Company"), which allows the Bank to identify the Company.



Requested Company Credit Limit

\$

Requested Company Name to be embossed on card (limit 25 characters)



COMPANY INFORMATION

egal Name of Company		DBA Name	(if applicable)		Tax ID Nun	nber
ompany Physical Address		City			State	Zip
ompany Mailing Address (if diff	erent)	City			State	Zip
ompany Phone	No. of Employees	Years in Business	Fiscal Year-End Month	Gross Annual Reven	ue Comp	any Net Worth
			Month	\$	\$	
			Month	\$	\$	
Type of Company (select	one)			\$ ness Industry (select o		
Type of Company (select		ernment	Busin			Agriculture
_	Gove	rnment profit	Busin	ess Industry (select o		Agriculture Professional
Corporation	Gove		Busin	ess Industry (select o Wholesale		
Corporation Partnership	Gove		Busin O O	i ess Industry (select o Wholesale Service		Professional

GUARANTOR INFORMATION

All owners with a 20% ownership in the Company must complete. Not required for Non-Profits (skip to Individual Cardholder Information).

Personal Guaranty. For value received and in consideration of the mutual undertakings contained in the Visa Business Card Agreement between the Company named on the attached Application and Bank, the Guarantors absolutely and unconditionally guarantee full and punctual payment and satisfaction of the indebtedness of the Company to Bank, and the performance and discharge of the Company's obligations under the Visa Business Credit Card Agreement and related credit card documents ("Related Documents"). This is a guaranty of payment and performance and not of collection, so Bank can enforce this Guaranty against Guarantor even when Bank has not exhausted Bank's remedies against anyone else obligated to pay the indebtedness or against any collateral securing the indebtedness, this Guaranty, or any other quaranty of indebtedness. Guarantor will make any payments to Bank on demand and will otherwise perform the Company's obligations under the Visa Business Credit Card Agreement and Related Documents.

The word "indebtedness" as used in this Guaranty means all of the principal amount outstanding from time to time and at any one or more times, accrued unpaid interest or fees thereon and all collection costs and legal expenses related thereto permitted by law, and attorneys'fees. "Indebtedness" includes, without limitation, future advances, and transactions that renew, modify or substitute these debts, whether joint or several or joint and several. Bank reserves the right to increase or decrease the initial credit limit assigned to the Company over the life of the Cardholder Agreement according to Bank credit guidelines, which will serve to increase or decrease the amount of the Guaranty. Bank will notify each Guarantor of the new credit line assigned to the Company, except for changes that are temporary and made at the request of the Company or are otherwise not material in amount.

This is a "Continuing Guaranty" under which Guarantor agrees to guarantee the full and punctual payment, performance and satisfaction of the indebtedness of Company to Bank, now existing and hereafter arising or acquired, on an open and continuing basis. Accordingly, any payments made on the indebtedness will not discharge or diminish Guarantor's obligations and liability under this Guaranty for any remaining and succeeding indebtedness even when all or part of the outstanding indebtedness may be a zero balance from time to time.

All personal information provided to the Bank is for the purpose of obtaining credit for the Company or for the purpose of guaranteeing credit for others. In addition, each individual signing below authorizes the Bank to check his/her individual credit account and employment history and have a credit reporting agency prepare a credit report on him/her.

The undersigned declares that he/she has read and understands the statements above and that the information provided with respect to him/her on the following page is true and accurate.

Guarantor

Signature

First Name		M.I.	Last Name				
Residential Address	City					State	Zip
Social Security Number	Date of Birth	Owners	ship	Email	Address		
			%				
Home Phone	Mobile Phone				Office Phone		
Signature	Title					Date	
Guarantor 2							
First Name		M.I.	Last Name				
riist name		IVI.I.	Last Name				
Residential Address	City					State	Zip
nesidential Address	City					State	Σιρ
Social Security Number	Date of Birth	Owners	hin	Fmail	Address		
Social Security Number	Date of Birth	Owners	%	Linaii	7 tudi ess		
Home Phone	Mobile Phone				Office Phone		

Date

Title

Guarantor 3 M.I. First Name **Last Name Residential Address** City State Zip Date of Birth Social Security Number Ownership **Email Address** % **Home Phone Mobile Phone** Office Phone Signature Title Date **Guarantor 4** M.I. First Name **Last Name Residential Address** City Zip State Date of Birth **Email Address Social Security Number** Ownership % **Home Phone Mobile Phone** Office Phone Signature Title Date **Guarantor 5** First Name M.I. **Last Name Residential Address** City Zip State **Date of Birth Social Security Number** Ownership **Email Address** % **Home Phone Mobile Phone** Office Phone Signature Title Date

______ INDIVIDUAL CARDHOLDER INFORMATION _____

First Name	M	Last Name	SSN	Mobile Phone	Email		ate of Birth	Limit
								\$
								\$
								A
								\$
								\$
								\$
								\$
(Attach additional sheets if necessary)								Y
(Attach auditional sheets if fiecessary)								
		AU	JTHORIZED	REPRESEN	TATIVE			
The Authorized Representative	e may c	onduct all maintenance activities, ل providing wr	ooth Company and Cardholo itten notification of any cha	der, on behalf of the Compar nges to the Authorized Repr	ny via written or verbal communi esentative listed below.	cation to the Bank	x. The Company is re	sponsible for
Flord Nove .								
First Name		Last Name		Mobile Phone		Email		
		0.1		LABAMANCE	DATOR			
The Opline Dlan Administrator m	221.500			I ADMINIST		vy is raspansible fo	ar providing written	notification to
me Online Flan Auministrator II	iay CON	duct Cardholder maintenance on b	the Bank of any changes to	o the Plan Administrator listo	ed below.	iy is responsible 10	or providing written	notineation to
First Name		Last Name	Мо	bile Phone	Email		Full Right	s -or- View Only
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PAYMENT OPTIONS

Select Payment Method Request for Preauthorized Automatic Monthly Payments (Optional) Please make the following automatic monthly payment to the Company's new business credit card account from the checking **Consolidated Payments** or savings account as listed below on the payment due date shown on each monthly statement for the following amount: Control account is established for the Company. Sales initiated by sub-accounts post nightly to the control account. Plan admin(s)/controller(s) have online access to control account and **Fixed Payment: Minimum Payment** Statement Balance all sub-accounts. Sub-accounts receive courtesy statement monthly showing transactions, but no balance owed. **Financial Institution** Payments are made only to the control account. Plastics embossed with Company and individual user name for subaccounts only. Credit limits set at control level and sub-account level. Control account receives monthly billing statement with each sub-**Transit Routing Number** () Checking) Savings account's transactions itemized and subtotaled. Individual Payments Sales post to each individual credit card account. Plan administrator(s)/controller(s) have online access to all accounts. Please indicate if you prefer a special Statement Cycle. Individual accounts receive a monthly statement of balance owing. Statements default to cycle on the last day of each month with a payment due date of the 25th of the following month. Payments are made to each individual account.

Default

AUTHORIZED SIGNATURES

Visa Business Card Agreement

Each card has its own assigned credit limit.

Plastics embossed with both the Company and individual user name.

By completing this Application and agreeing to this Visa Business Card Agreement, you, as an individual(s) authorized to borrow on behalf of the Company ("Authorized Signer"), for and on behalf of the Company, request that Bank establish one or more Visa Business Card Accounts (each an "Account") for the Company and issue a Visa Business Card ("Card") to the Company or to each individual employee or agent accessing such Account. When issued, the Card(s) will permit the Company to make purchases and obtain cash advances, by the Company itself or through the individual users, which will constitute extensions of credit by Bank for which the Company will be obligated to make repayment.

If this Application is accepted and a Card(s) issued, the Company will be bound by the terms and conditions within the Interest Rates and Interest Charges and Terms and Conditions of Use, as well as by the terms of this Visa Business Card Agreement (together, the "Cardholder Agreement"). The Company shall be responsible and liable for any unauthorized use of any Card(s) issued to the Company pursuant to an established Account regardless of the circumstances. It is the Company's responsibility to repay all extensions of credit accessed by a Card issued under the Cardholder Agreement, whether the use was authorized or unauthorized. Bank will look solely to the Company for repayment of advances, fees, and finance charges, as well as any collection costs and other costs attributable to the Company under the Cardholder Agreement. The Company must secure Card(s) from terminated users.

Each extension of credit provided to the Company in connection with the use of the Cards constitutes a future advance under any loan agreement between Bank and the Company, and col-lateral pledged by the Company to secure indebtedness to Bank, including after- acquired collateral, will secure advances of credit by Bank under the credit card extension of credit, subject to the terms of the loan agreement under which the Company granted the security interest. Bank reserves the right to increase or decrease the initial credit limit assigned to an Account over the life of the Account according to Bank credit guidelines and Account history. The Company will be notified of any new credit line assigned to the Account, except for changes that are temporary and made at the request of the Company or are otherwise not material in amount. No modification may be made to any part of the Cardholder Agreement and any loan agreement except in writing executed by the Company and Bank.

Bank is authorized to verify the statements contained herein and investigate, obtain, and exchange reports and information regarding this Application and resulting Accounts with credit reporting agencies and others with legitimate business need for such reports or information in order to approve or decline this Application, service the Account(s) and manage the relationship between the Company and Bank. The Company shall provide financial information and other information requested by Bank from time-to-time. Information from the Application may be shared with Bank affiliates.

Bank may provide the Company with all legal and other disclosures, notices, and other communications with respect to the Account(s) and Card(s) in electronic form. Bank may notify the Company of any future notices by sending an alert to the email address the Company provided above or by other electronic/online notification method.

Each Authorized Signer represents and warrants to Bank that:

- 1. The Company has taken all steps required by its organizational documents to approve this borrowing and authorize each Authorized Signer to act on behalf of the Company.
- 2. The specimen signature set forth below for each Authorized Signer is the true signature of said Authorized Signer.
- 3. The information provided herein is accurate.
- 4. All Accounts established and Card(s) issued hereunder shall be used solely for business purposes.

By signing, each Authorized Signer certifies that the execution, delivery and performance of this Application and the Visa Business Card Agreement have been duly authorized by all necessary corporate action by the Company and will provide evidence of such action upon request.

Company Name



Beneficial Ownership Certification

Branch:				
Certification of Beneficial Owners of Legal Er	ntity Customers			
TIN:				
Account Number: Business Credit C	ard Account Name:			
A. Persons opening an account on behalf of	a legal entity must provide	the following information:		
Name of Person Opening Account				
Title of Natural Person Opening Account				
Name of Legal Entity for Which the Account is be	eing Opened			
Full Address of Legal Entity for Which the Accoun	nt is Being Opened			
B. OWNERSHIP PRONG: The following inform standing, relationship or otherwise, owns Not Applicable - no individual meets this def	25 percent or more of the	equity interests of the legal en	tity listed above.	rrangement, under-
Name	Date of Birth	Social Security Number	ID Type	ID #
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	_
Name	Date of Birth	Social Security Number	ID Type	ID #
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	_
 Name	Date of Birth	Social Security Number	ID Type	ID#
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	_
Name	Date of Birth	Social Security Number	ID Type	ID #
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	_
C. CONTROL PRONG: The following informa - An executive officer or senior manager (e.g., Chief Treasurer); or - Any other individual who regularly performs similar If appropriate, an individual listed under section (b)	Executive Officer, Chief Financia functions	al Officer, Chief Operating Officer, Ma		
Name /Title	Date of Birth	Social Security Number	ID Type	ID#
Address (Residential or Business Street Address)	ID State of Issuance	ID Date of Issuance	ID Date of Expiration	_

	spoke with	on
ank Employee Name	Customer Name	Date
nd he/she verbally verified to the	e best of their knowledge, that the information provided al	pove is complete and accurate.
Bank Employee Signature		
	(name of natural person opening account) h	ereby certify, to the best of my knowledge, that th
		ereby certify, to the best of my knowledge, that th
nformation provided above is con	nplete and correct.	ereby certify, to the best of my knowledge, that th
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