



1ST SUMMIT BANK
Member FDIC

888-262-4010 | www.1stsummit.bank

Member FDIC | Equal Housing Lender

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Business VISA Credit Card

First Name: Last Name:

BUSINESS VISA® CREDIT CARD DISCLOSURE

Business Information

Business Name as you would like it to appear on the card			
Tax ID Number			
Legal Name of Business (if different from above)			
Billing Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Street Address (if different from above)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Business Phone Number

Email Address

Years in Business

Type of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other:
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Nature of Business	
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Credit Information

Loans Outstanding With	Purpose	Balance Due	Monthly Payment

Deposit Accounts With	Type	Balance

I/We represent that all statements made by me/us in this application are true and correct. By typing your name on this application, I certify that I am of legal age and an owner, officer, or partner with the authority to bind the above entity to the terms and conditions of this Agreement. I/We authorize 1ST SUMMIT BANK to exchange credit information with others in connection with this application. I/We understand that the use of this line of credit is subject to terms and conditions as determined by the Bank from time to time. The Account Disclosure containing such terms and conditions will be provided to me/us after this application is approved. (required)	
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By typing your name below,
you are signing this
application electronically.
You agree that your
electronic signature is the
legal equivalent of your
manual signature on this
application. (required)

	Please type name below.	Work Title of Applicant(s)	Date of Application
Applicant(s) (required)	_____	_____	_____
	_____	_____	_____