

Commerce Bank Business Rewards Credit Card Application



Employee ID# _____
Branch Cost Center _____

| | | | | | |
|---|--------------------------|--|---------------|--|--------------------|
| BUSINESS APPLICANT | | | | | |
| NAME | | CHECK ONE: <input type="checkbox"/> CORPORATION (STATE _____) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER _____ | | NUMBER OF EMPLOYEES | ANNUAL SALES \$ |
| BUSINESS NAME [AS YOU WANT IT TO APPEAR ON CARD (UP TO 25 CHARACTERS)] | | | | | |
| PHYSICAL BUSINESS ADDRESS (STREET ADDRESS ONLY; NO P.O. BOXES) | | BUSINESS PHONE () _____ | | BUSINESS FAX () _____ | |
| BILLING/MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | CITY | | STATE | ZIP CODE |
| TIME IN BUSINESS | CURRENT OWNER/MANAGEMENT | TYPE OF BUSINESS (PRODUCT/SERVICE OFFERED) | | | |
| YRS. MOS. | YRS. MOS. | | | | |
| HOUSEHOLD MONTHLY GROSS INCOME | | TAX ID # | | | |
| \$ | | | | | |
| BILLING METHOD | | | | | |
| <input type="checkbox"/> Individual Billing - Each employee cardholder will receive a statement and be responsible for payment. | | | | | |
| <input type="checkbox"/> Corporate Billing - The company will receive a statement with all cardholder transactions and will submit one check for payment of all accounts. | | | | | |
| FINANCIAL PROFILE | | | | | |
| PRIMARY BANK NAME | | PHONE | | <input type="checkbox"/> CHECKING ACCOUNT # _____ BALANCE \$ _____ | |
| | | | | <input type="checkbox"/> LOAN ACCOUNT # _____ | |
| ADDRESS: CITY, STATE, ZIP CODE | | BANKING OFFICER TO CONTACT | | PHONE # | |
| Does your business owe any taxes from prior years? <input type="checkbox"/> YES <input type="checkbox"/> NO How much? _____ | | | | | |
| Is the business a party to any claim or lawsuit? <input type="checkbox"/> YES <input type="checkbox"/> NO How much? _____ | | | | | |
| Are there any delinquent FICA or sales taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO How much? _____ | | | | | |
| Has the business ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ | | | | | |
| Have any principals ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ | | | | | |
| EMPLOYEE'S AGREEMENT | | | | | |
| Each employee to whom a credit card is issued in connection with an Individual Account (a) requests a card be issued on the Company Account to him/ her, (b) authorizes the receipt and exchange of credit information about the Individual Account, (c) agrees to be liable for all charges on his/her Individual Account and (d) agrees to be bound by the terms and conditions of the agreement received with his/her card. | | | | | |
| (1) EMPLOYEE NAME | | SEND STATEMENTS TO <input type="checkbox"/> COMPANY <input type="checkbox"/> HOME | | SOCIAL SECURITY # | |
| EMPLOYEE SIGNATURE | | CREDIT LINE | | DATE | |
| HOME ADDRESS | | CITY | | STATE | ZIP CODE |
| AUTHORIZATION TO RELEASE PERSONAL IDENTIFICATION NUMBER (PIN) FOR INDIVIDUAL EMPLOYEE ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| (2) EMPLOYEE NAME | | SEND STATEMENTS TO <input type="checkbox"/> COMPANY <input type="checkbox"/> HOME | | SOCIAL SECURITY # | |
| EMPLOYEE SIGNATURE | | CREDIT LINE | | DATE | |
| HOME ADDRESS | | CITY | | STATE | ZIP CODE |
| AUTHORIZATION TO RELEASE PERSONAL IDENTIFICATION NUMBER (PIN) FOR INDIVIDUAL EMPLOYEE ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| SIGNATURE INFORMATION | | | | | |
| Our Agreement | | | | | |
| By signing this application, you request an account be opened in the name of the Business (the "Account"), and request individual accounts be opened for, and cards be issued to, the employees named below. In consideration of Commerce Bank, N.A. ("Commerce") financing purchases under the Account pursuant to the terms and conditions of the cardholder agreement ("Agreement"), you agree to unconditionally pay and perform according to the terms of the Agreement. You agree to pay all amounts due under the Account, upon demand, including, but not limited to, any amount owed by your employees to Commerce and due under the terms of the Agreement. You agree that your obligations hereunder, and under the Agreement, shall continue for as long as the Agreement and/or the Account shall be in effect. Commerce shall not be required to initiate any action against, nor exhaust any remedies with respect to, employees prior to making demand upon you. You hereby authorize Commerce to obtain a copy of your credit report from a consumer reporting agency for underwriting purposes. You hereby waive any suretyship defenses and any notices regarding the Agreement. | | | | | |
| PROVIDE SIGNATURE (ABSENT TITLE) AND PRINT NAME | | SOCIAL SECURITY # | DATE OF BIRTH | HOME ADDRESS | CITY/STATE/ZIP |



MANAGEMENT INFORMATION REPORTS

Check Reports Desired and Circle Frequency! (M) Monthly (Q) Quarterly (A) Annually

| Optional Reports | Frequency! |
|--|------------|
| 660 <input type="checkbox"/> Visa Summary Report (tracks spending by category) | - Q A |
| 661 <input type="checkbox"/> Visa Cardholder Report (transaction listing by spending category) | - Q A |
| 700 <input type="checkbox"/> Annual Account Analysis (account/unit activity for year) | M Q A |
| 710 <input type="checkbox"/> Annual Spending Analysis (account activity, debits and credits by category) | M Q A |

COMMERCE BANK BUSINESS REWARDS CREDIT CARD DISCLOSURE

| | |
|---|--|
| ANNUAL PERCENTAGE RATE (APR) FOR PURCHASES | Variable 14.9%** |
| OTHER APRs | Cash Advance APR: 19.9% variable Late Payment Rate: 21.99% (see explanation below)* |
| GRACE PERIOD FOR REPAYMENT OF PURCHASE BALANCES | 20 days from the date of the periodic statement (provided you have paid the previous balance in full by the due date) |
| METHOD OF COMPUTING THE BALANCE FOR PURCHASES | Average Daily Balance (including new purchases, cash advances, fees and finance charges) |
| ANNUAL FEE | NO ANNUAL FEE |
| MINIMUM FINANCE CHARGE | \$0.50 |
| OTHER FEES | Late Payment Fee: \$29 Cash Advance fee: 3% of cash advance amount with a minimum of \$15. Cash Advance fees apply to all convenience checks including balance transfers. Over-the-credit-limit fee: \$29 |

IMPORTANT INFORMATION

Our bank complies with the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your account application.

Complete Terms and Conditions of Commerce Bank Business Rewards provided with new account materials sent 7-10 days after account approval.

* If at any time we have not received the required minimum monthly payment by the respective due dates for two consecutive months, we may immediately increase the applicable APR, including any introductory rate or promotional rate, to a fixed rate of 21.99%. The account may be eligible for the lower APR after you have met the terms of your account agreement for five consecutive billing cycles after the monthly statement on which the higher APR first appears. Promotional rates will not be reinstated.
**The Prime Rate used to determine the APR on your account is the rate published in The Wall Street Journal in its column called "Money Rates" on the last business day of each month; provided, however, that the Prime Rate will be subject to a minimum rate of 5%. There is no ceiling on the applicable APR. We may change the terms of your account agreement, including the monthly periodic rate on outstanding balances at any time. To the extent allowed by law, the new terms will affect outstanding balances. The information about card costs described herein is accurate as of February 2009. This information may change after this date. To receive the most current information, call us at 800-892-7104.
Commerce Bank may share your account experience and transaction information with its affiliates. Unless you call 800-543-4845, you agree Commerce Bank and its affiliates may also share other information about your account. ask listen solve and call click come by are trademarks of Commerce Bancshares, Inc.
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Completed and signed applications can be submitted at any Commerce Bank branch location or mailed to Commerce Bank Card Center, 3930 S. 147th Street, Omaha, NE, 68144-9972. Applications may also be faxed to 800-641-8300.