

BUSINESS

CREDIT CARD APPLICATION

THE RIGHT CARD
EVERY TIME

APPLY TODAY!



First National Bank & Trust
Member FDIC



Building a successful financial plan takes the right resources. That's why we work hard to provide you with quality financial products and services, like our convenient, flexible Visa® Credit Card.

Make your new Card your constant traveling companion and you'll always have instant credit at your fingertips. Your new Card is already packed with everything you need to take you anywhere you want to go. From the tiniest boutique to the largest resort, your

Card is your ticket to the best. You'll enjoy more shopping, more fine restaurants and more travel opportunities with your new Card whether you're going across town or around the world.

Cards are accepted around the globe wherever you see the Visa® emblem. So whatever your plans, choose the credit card that gives you all the value and buying power you need to turn your dreams into reality.

APPLY FOR YOURS TODAY!

BUSINESS CARD

DESIGNS JUST FOR YOU



SELECT THE DESIGN OF YOUR CHOICE:

	01 - First National Bank & Trust Downtown Iron Mountain
	02 - Turquoise Blue



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INTEREST RATES AND INTEREST CHARGES	VISA®
Annual Percentage Rate (APR) for Purchases	8.40% - 12.40% When you open your account, based on your credit worthiness. After that, your APR will vary with the market based on the Prime Rate
APR for Balance Transfers	8.40% - 12.40% When you open your account, based on your credit worthiness. After that, your APR will vary with the market based on the Prime Rate
APR for Cash Advances	8.40% - 12.40% When you open your account, based on your credit worthiness. After that, your APR will vary with the market based on the Prime Rate
Penalty APR and When It Applies	None
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month
Minimum Interest Charge	None
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore
FEES	VISA®
Annual Fees	None
Transaction Fees <ul style="list-style-type: none">Balance TransferForeign TransactionCash Advances	None 1.00% of each transaction in U.S. dollars \$5.00
Penalty Fees <ul style="list-style-type: none">Late PaymentOver-The-Credit LimitReturn Check Fee	\$27.00 None \$5.00

NOTICE TO MARRIED WISCONSIN APPLICANTS: No provision of any marital property agreement, unilateral statement under Section 766.59 Wis. Stats., or court decree under Section 766.70 Wis. Stats., will adversely affect the rights of the Bank unless the Bank is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

CREDIT APPLICATION	The Total must include all Balance Transfers. For credit card lines of \$25,000 or more, additional documentation may be required.
Credit Limit Requested \$ _____	

LIST EMPLOYEES WHO YOU WISH TO RECEIVE CARDS

Each employee credit limit can be set to the Total Credit Line Amount. Use additional page if necessary.

Name to Appear on Card	Credit Limit	Social Security Number	Date of Birth (MM/DD/YY)	Signature
Principal 1 _____				
Principal 2 _____				
Authorized User 1* _____				
Authorized User 2* _____				
Authorized User 3* _____				

*Authorized Users are not financially responsible for charges made on the account.

This section was completed by:

Signature _____

Print Name _____ Title _____

Rates are accurate as of the print date of this disclosure and are subject to change after this date. Contact the bank for current rate information - 877.803.1814 PRINT DATE: 4/16/2022

COMPANY PROFILE <small>Note: All applicable sections should be filled out completely to avoid delay in processing your application.</small>	Company Name			TAX ID#		# Of Employees	
	Current Address			Phone ()		Years Est.	
	City	State	Zip Code	Company Name to Emboss on Cards (Max Characters 24)			<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
	Nature of Business		Misc Instructions				
	Name & Title Person Opening Account (Beneficial Owner 1)			Social Security #		% of Ownership	
	Current Address			City	State	Zip Code	
	Name & Title Beneficial Owner 2			Social Security #		% of Ownership	
			City	State	Zip Code		
BENEFICIAL OWNERSHIP	Complete the following information for each individual, in any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. <input type="checkbox"/> Beneficial Owner Not Applicable						
	Beneficial Owner 1 Information: _____ % of ownership			Beneficial Owner 2 Information: _____ % of ownership			
	Individual Name _____ Date of Birth _____			Individual Name _____ Date of Birth _____			
	Address (Residential or Business Street) _____ Suite/Apartment Number _____			Address (Residential or Business Street) _____ Suite/Apartment Number _____			
	City _____ State _____ Zip Code _____ Social Security Number _____			City _____ State _____ Zip Code _____ Social Security Number _____			
REFERENCES	1. Company/Bank Name			Phone ()		Type of Account	
	Company/Bank Address			Contact Name			
	2. Company/Bank Name			Phone ()		Type of Account	
	Company/Bank Address			Contact Name			
	3. Company/Bank Name			Phone ()		Type of Account	
	Company/Bank Address			Contact Name			
SIGNATURES	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. You authorize us to request one or more consumer reports, to check and verify your credit and employment history, and to answer questions others may ask us about our credit experience with you. This offer is subject to the credit policies of this Institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.						
	Authorized Signer: ____ Pres/Chm ____ VP ____ Treas ____ Owner ____ Partner						
	Print Name as signed below _____						
	Signature of Authorized Signer for the Company _____ Date _____						
FOR INTERNAL USE ONLY	Visa Account No.						
	Date Approved	Credit Line	Approved By				