

# Union Bank & Trust Company

## Business Card Application

Visa Business® Card

Total Credit Line: \_\_\_\_\_



### Company Profile (A financial statement is required)

Name of Company \_\_\_\_\_

Company Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax ID# \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Organized in the State of \_\_\_\_\_ Date Business Started \_\_\_\_\_ Annual Sales \_\_\_\_\_

Type of Organization:  Sole Proprietorship  General Partnership  Limited Partnership  Profit Corporation  
 Non-Profit  Government Agency  Limited Liability Company (LLC)  
 Other Organization \_\_\_\_\_

Name of Principals or Officers \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

### Account Information

Please provide names and home addresses of individuals to be issued credit cards.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Credit Line \_\_\_\_\_

1) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Credit Line \_\_\_\_\_

2) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Credit Line \_\_\_\_\_

3) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Credit Line \_\_\_\_\_

4) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### REQUEST FOR AUTOMATIC PAYMENTS (OPTIONAL)

Cardholder requests monthly payments on this credit card account automatically paid from the checking or savings account listed below. Cardholder authorizes UB&T to initiate an automatic monthly payment on the payment due date that is shown on each monthly statement for the following amount (check one):

Minimum Payment Due:

Entire Amount on the last Account Statement:

Fixed Monthly Payment amount:  (if selected, fill in monthly payment amount \$\_\_\_\_\_).

Cardholder agrees to make regular payments on this credit card account until it is noted on the statement that it will be deducted automatically. Cardholder can stop payment at any time by notifying UB&T verbally or in writing at least (3) three business days before any scheduled payments. Detailed provisions regarding preauthorized payments are stated in the Cardholder Agreement.

Checking Acct #: \_\_\_\_\_ Financial Institution: \_\_\_\_\_ Signature \_\_\_\_\_

Savings Acct #: \_\_\_\_\_ Transit Routing #: \_\_\_\_\_ Date: \_\_\_\_\_

### Signature Agreement

By signing this application, the Company agrees that if this application is accepted and a card(s) issued, the Company will be bound by the terms and conditions within the Cardholder Agreement. To the extent permitted by law, the Company or individual, if Company is a sole proprietor, shall be responsible and liable for any unauthorized use of any cards issued to Company pursuant to this application. It is the Company's responsibility to secure all Company credit card(s) from terminated employees. UB&T is authorized to verify the statements contained herein, and may make whatever credit inquiries it deems necessary. Company represents and warrants that the credit will be used primarily for other than personal, family, or household purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

#### Applicable Law:

The above rates and fees are governed, as are your Cardholder Agreement and Account, by the laws and regulations of the State of Wisconsin, as well as the applicable laws and regulations of the United States of America.

To Contact Union Bank & Trust Company Loan Department:

Email - loanprocessors@ub-t.com

Phone - 608.882.5200

Mail - P.O. Box 409, Evansville, WI 53536

Application Table

UB&T

Visa® Business

Interest Rates and Interest Charges	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>13.50%</b> when you open your account. After that, your APR will vary with the market based on the Prime Rate.
<b>APR for Balance Transfers</b>	<b>13.50%</b> when you open your account. After that, your APR will vary with the market based on the Prime Rate.
<b>APR for Cash Advances</b>	<b>13.50%</b> when you open your account. After that, your APR will vary with the market based on the Prime Rate.
<b>Paying Interest</b>	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. We will begin charging interest on cash advances on the transaction date.
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .
Fees	
<b>Annual Fee</b>	<b>\$25.00</b>
<b>Transaction Fees</b>	
· Cash Advance	<b>Either \$5.00 or 5.00%</b> of the amount of each cash advance, whichever is greater
· Lender's ATM Fee	<b>\$2.00</b>
· Overlimit Fee	<b>\$30.00</b>
· Foreign Transaction	<b>1%</b> of each transaction in U.S. dollars
<b>Penalty Fees</b>	
· Late Payment	<b>\$30.00</b>
· Return Payment	<b>\$30.00</b>

**How Will We Calculate Your Balance:**

We use a method called "Average Daily Balance (including new purchases)".

The information in this table was printed and is accurate as of 12-21-2018 and is subject to change after this date.

Contact your community banker to learn of any change in the information since it was printed by mailing your request to UB&T, PO Box 15, Evansville Wisconsin 53536.

**IN CASE OF ERROR OR QUESTIONS ABOUT YOUR BILL:**

If you think your bill is wrong, or if you need more information about a transaction on your bill write us on a separate sheet of paper at UNION BANK & TRUST COMPANY, P.O. BOX 15, EVANSVILLE, WISCONSIN 53536-0015 as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us at (608) 882-5200, but doing so will not preserve your rights.

In your letter, give us the following information:

- (1) Your name and account number.
- (2) The dollar amount of the suspected error.
- (3) Describe the error or explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question(s), we cannot report you as delinquent or take any action to collect the amount in question.

**NOTICE:**

You agree that we may obtain and use consumer credit reports and exchange credit information in connection with this offer and any update, renewal or extension of credit we may extend to you. If you request, we will inform you whether any credit report was requested and, if so, the name and address of the consumer reporting agency which furnished the report. As permitted by law, we may share account and other information as well as information contained in your Application and in any credit report on you, with any UB&T affiliates and others. Complete details regarding our rights to share information will be provided to you after an account is established. You agree that we will consider this an Application for a Visa® Gold account. You agree that we reserve the right, based upon our evaluation of information furnished by you or others, not to open an account. You must be at least 18 years old to qualify (19 in AL and NE; 21 in MS). Married applicants may apply for separate credit.

**Anti-Terrorism:**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To process the Application, we must have your name, street address, date of birth and other identifying information, and we may ask for identifying documents from you as well.

**State Laws Require the Following Notices:**

California Residents: A married applicant may apply for a separate account. After approval, each applicant shall have the right to use this account to the extent of the credit limit set by the creditor and each applicant may be liable for the amount extended under this account to any joint applicant. Delaware Residents: Service charges not in excess of those permitted by law will be charged on the outstanding balances from month to month. New York Residents: New York residents may contact the New York State Banking Department at 1-800-518-8866 to obtain a comparative listing of credit card rates, fees and grace periods. Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Married Wisconsin Residents: Your signature confirms that this loan obligation is being incurred in the interest of your marriage or family. No provision of any marital property agreement, unilateral statement or court decree adversely affects a creditor's interest unless, prior to the time the credit is granted, the creditor is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

**Applicable Law:**

The above rates and fees are governed, as are your Cardholder Agreement and Account, by the laws and regulations of the State of Wisconsin, as well as the applicable laws and regulations of the United States of America.