

BUSINESS CREDIT APPLICATION

Credit Limit Requested \$ _____

Visa 6i glbYgg

Check Account Choice: New Account Credit Limit Increase

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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. What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT:

READ THESE DIRECTIONS BEFORE COMPLETING THIS FORM AND CHECK APPROPRIATE BOX:

- IF YOU ARE APPLYING FOR BUSINESS CREDIT SOLELY IN YOUR BUSINESS NAME AND ARE RELYING ON THE INCOME OR ASSETS OF ONLY THE BUSINESS AND NOT THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, COMPLETE SECTIONS A, C, D AND ALL APPLICABLE SCHEDULES, OMITTING B.
- IF THIS IS AN APPLICATION FOR JOINT CREDIT WITH ANOTHER PERSON, COMPLETE ALL SECTIONS, PROVIDING INFORMATION IN SECTION B ABOUT THE JOINT APPLICANT(S). FOR THE PURPOSES OF THIS SECTION THE TERM APPLICANT INCLUDES ANY PERSON WHO IS OR MAY BECOME CONTRACTUALLY LIABLE REGARDING AN EXTENSION OF CREDIT INCLUDING GUARANTORS, SURETIES, ENDORSERS, AND SIMILAR PARTIES.
WE INTEND TO APPLY FOR JOINT CREDIT.

APPLICANT

CO-APPLICANT

- IF YOU ARE APPLYING FOR INDIVIDUAL BUSINESS CREDIT, BUT ARE RELYING ON INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE OR ON THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, COMPLETE ALL SECTIONS TO THE EXTENT POSSIBLE PROVIDING INFORMATION IN B ABOUT THE PERSON ON WHOSE ALIMONY, SUPPORT OR MAINTENANCE PAYMENTS OR INCOME OR ASSETS YOU ARE RELYING.

SECTION A BUSINESS INFORMATION

LEGAL NAME OF ENTITY		TAX ID NUMBER/EMPLOYER ID NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PC		YEAR ESTABLISHED	STATE OF ORGANIZATION
PHONE	FAX	CONTACT NAME	
NATURE OF BUSINESS		BUSINESS YEAR END	
INCOME TAXES FILED THROUGH DATE	ARE ANY RETURNS BEING CONTESTED OR AUDITED? <input type="checkbox"/> Y <input type="checkbox"/> N	IF YES, DESCRIBE	
ACCOUNTANT OR ACCOUNTING FIRM	FINANCIAL INFORMATION <input type="checkbox"/> SUBMITTED <input type="checkbox"/> TO BE SUBMITTED <input type="checkbox"/> COMPLETED STATEMENT ON FOLLOWING PAGE: <input type="checkbox"/> BUSINESS FINANCIAL STATEMENT <input type="checkbox"/> PERSONAL FINANCIAL STATEMENTS ON PERSONS LISTED IN SECTION B BELOW <input type="checkbox"/> BUSINESS TAX RETURN <input type="checkbox"/> PERSONAL TAX RETURN ON OWNERS/GUARANTORS		
NAMES OF PERSONS AUTHORIZED TO BORROW MONEY ON BEHALF OF THE BUSINESS:		MOST RECENT AUTHORIZATION DATED:	

SECTION B CO APPLICANTS; OWNERS; PRINCIPALS; GUARANTORS SUBMIT PERSONAL FINANCIAL STATEMENT FOR EACH APPLICABLE PERSON

NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER	NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER
NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER	NAME <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> GUARANTOR <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> OWNER

SECTION C PROFIT AND LOSS

FROM	TO	
NET SALES		
GROSS PROFIT		
NET OPERATING PROFIT		
NET PROFIT/LOSS:		\$

SECTION D COLLATERAL

COLLATERAL DESCRIPTION, OWNERS, VALUE:

EQUAL CREDIT OPPORTUNITY ACT NOTICE

WERE YOUR GROSS REVENUES IN THE PREVIOUS FISCAL YEAR LESS THAN \$1,000,000? <input type="checkbox"/> YES <input type="checkbox"/> NO	THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THAT THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT, THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL DEPOSIT INSURANCE CORPORATION; CONSUMER RESPONSE CENTER; 1100 WALNUT ST, BOX #11; KANSAS CITY, MO 64106.
IF YOU ANSWERED "YES" AND THE CREDITOR DENIES YOUR APPLICATION FOR CREDIT, YOU HAVE THE RIGHT TO OBTAIN A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL TO OBTAIN THE STATEMENT PLEASE CONTACT: CITIZENS BANK; CUSTOMER SERVICE; POBOX 1900; ELIZABETHTON, TN37644; (423) 543-2265 WITHIN 60 DAYS FROM THE DATE YOU WERE NOTIFIED OF THE CREDITOR'S DECISION. THE CREDITOR WILL SEND YOU A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE NOTICE AT THE RIGHT DESCRIBES ADDITIONAL PROTECTIONS EXTENDED TO YOU.	

SIGNATURES

KNOWING THAT YOU WILL RELY UPON THE REPRESENTATIONS MADE BY ME (US) IN THIS APPLICATION AND ALL APPLICABLE SCHEDULES ON BACK AND ALL ATTACHMENTS, AND IN ORDER TO INDUCE YOU TO GRANT THIS CREDIT, INCREASE THE AMOUNT OF MY CURRENT CREDIT, OR RENEW OR MODIFY MY EXISTING CREDIT, THE UNDERSIGNED APPLICANT(S) AUTHORIZE YOU TO OBTAIN SUCH INFORMATION AS YOU MAY REQUIRE (WHICH MAY INCLUDE OBTAINING REPORTS FROM CONSUMER REPORTING AGENCIES AND EMPLOYMENT HISTORY). I (WE) WARRANT THAT ALL STATEMENTS HEREIN ARE COMPLETE, TRUE AND ACCURATE, AND AGREE THAT THE APPLICATION SHALL REMAIN YOUR PROPERTY WHETHER OR NOT THE CREDIT IS GRANTED.

SIGNATURE AND TITLE

DATE

SIGNATURE AND TITLE

DATE

STATEMENT OF ASSETS AND LIABILITIES

ASSETS COMPLETE SCHEDULES BELOW	
ASSETS	
CASH- ON HAND IN THIS BANK	
CASH ON HAND IN OTHER FINANCIAL INSTITUTIONS	
ACCOUNTS RECEIVABLE (SCHEDULE A)	
NOTES RECEIVABLE (SCHEDULE B)	
STOCKS AND BONDS (SCHEDULE D)	
REAL ESTATE (SCHEDULE E)	
AUTOMOBILES AND TRUCKS	
MACHINERY AND TOOLS	
CONTRACTS/MORTGAGES RECEIVABLE (SCHEDULE C)	
OTHER ASSETS/DESCRIBE:	
TOTAL ASSETS:	\$
HAVE THE BUSINESS EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO JUDGMENTS, SUITS OR LITIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

LIABILITIES COMPLETE SCHEDULES BELOW		
LIABILITIES AND NET WORTH	MONTHLY PMTS	BALANCE
OPEN ACCOUNTS PAYABLE (SCHEDULE F)		
NOTES PAYABLE IN THIS BANK		
NOTES PAYABLE OTHERS (SCHEDULE G)		
ACCRUED EXPENSES		
FEDERAL INCOME TAX PAYABLE		
INSTALLMENT OBLIGATIONS (SCHEDULE H)		
REAL ESTATE MORTGAGES/CONTRACTS (SCHEDULE E)		
OTHER LIABILITIES/DESCRIBE:		
TOTAL LIABILITIES		\$
NET WORTH		\$
TOTAL LIABILITIES AND NET WORTH		\$
CONTINGENT LIABILITIES:		
GUARANTEED OR CO-SIGNED LOANS		
OTHER		
ARE ANY OF THE ASSETS PLEDGED TO SECURE INDEBTEDNESS OTHER THAN THE LIABILITIES LISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:		

COMPLETE ALL APPLICABLE SCHEDULES. ATTACH ADDITIONAL SHEETS AS NECESSARY.

SCHEDULE A ACCOUNTS RECEIVABLE		
NAME	AMOUNT	DUE DATE
TOTAL	\$	

SCHEDULE B NOTES RECEIVABLE		
NAME	AMOUNT	DUE DATE
TOTAL	\$	

SCHEDULE C CONTRACTS AND MORTGAGES RECEIVABLE					
NAME OF DEBTOR	LENDER NAME	RECEIVABLES		DEBT ON THIS PROPERTY	
		BALANCE	MONTHLY PMT	BALANCE	MONTHLY PMT
TOTALS		\$	\$	\$	\$

SCHEDULE D STOCKS AND BONDS				
NAME OF COMPANY	REGISTERED NAME	NO. SHARES	MARKET VALUE PER SHARE	TOTAL MARKET VALUE
TOTALS			\$	\$

SCHEDULE E REAL ESTATE MORTGAGES/CONTRACTS (INDICATE WHEN TITLE IS HELD IN NAME OTHER THAN SOLELY IN THE AFORESIGNED)								
LOCATION, SIZE	TYPE*	YEAR ACQUIRED	CURRENT VALUE		TOTAL	PAYABLE TO	MORTGAGES OR CONTRACTS	
			LAND	BLDGS			BALANCE	MONTHLY PMT
TOTAL					\$	TOTALS	\$	\$

* R- RESIDENTIAL 1-4 FAMILY; M- MULTIFAMILY; C- COMMERCIAL PROPERTY; D- LAND

SCHEDULE F OPEN ACCOUNTS PAYABLE			
NAME	AMOUNT	DUE DATE	MTHLY PMT
TOTAL	\$		

SCHEDULE G NOTES PAYABLE TO OTHERS			
NAME	AMOUNT	DUE DATE	MONTHLY PMT
TOTAL	\$		

SCHEDULE H INSTALLMENT OBLIGATIONS				
PAYABLE TO	COLLATERAL	BALANCE	FINAL DUE DATE	MONTHLY PMT
TOTAL		\$	TOTAL	\$

Interest Rates and Interest Charges	Visa®
Annual Percentage Rate (APR) for Purchases	11.- - % This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	11.99% This APR will vary with the market based on the Prime Rate.
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 interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.00.
Fees	Visa®
Annual Fee	None
Transaction Fees <ul style="list-style-type: none"> • Cash Advances 	Either \$2.00 or 2.0% of the amount of each cash advance, whichever is greater (maximum fee: \$20.00)
Penalty Fees <ul style="list-style-type: none"> • Late Payment 	Up to \$20.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

The information about the costs of the card described in this application is accurate as of 11/1/2018. This information may have changed after that date. To find out what may have changed, call us at (866) 882-2265.