

Please check card preference:

- VISA BUSINESS (less than 10 cards)
 VISA CORPORATE (10+ cards)
 LIMIT INCREASE ON EXISTING CARD
Credit limit requested: \$ _____

CREDIT APPLICATION

Pursuant to the requirements of law, including the USA PATRIOT ACT, Bank of Clarke County is obtaining information and will take the actions necessary to verify your identity and the identity of the corporation/business.

1. COMPANY INFORMATION (Applicant)

Name of Company _____
Tax ID Number _____
Company Street Address _____
City, State, Zip _____
Mailing Address _____
City, State, Zip _____
Business Phone Number _____
Years in Business _____ Gross Annual Revenue _____

2. PRINCIPAL/OWNER

Name _____
Title _____
Home Address _____
City, State, Zip _____
Home Phone Number _____
Social Security Number _____ Date of Birth _____
Income \$ _____ % of Ownership _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and by signing I certify that I am an Authorized Officer of the business named in the application (applicant) and the person whose information is provided above with the authority to bind the Applicant to the Terms and Conditions included with this application. I acknowledge and agree on behalf of the Applicant and individually that the Applicant and I are jointly and individually liable for paying all charges on the account and to the Terms and Conditions of this application.

PRINCIPAL/OWNER SIGNATURE

X _____

BANK USE ONLY:

Bank Approval _____ Date _____
Officer _____ Branch _____
Bank Decline _____ Date _____

INDIVIDUAL USER INFORMATION

This section should be detached before completing to protect the confidential information contained in the corporate application to the left. NOTE - aggregate individual credit limits must not exceed the maximum credit limit of the corporation.

1. Name _____ Date of Birth _____
Social Security Number _____
Individual Credit Limit _____
Signature _____

2. Name _____ Date of Birth _____
Social Security Number _____
Individual Credit Limit _____
Signature _____

3. Name _____ Date of Birth _____
Social Security Number _____
Individual Credit Limit _____
Signature _____

4. Name _____ Date of Birth _____
Social Security Number _____
Individual Credit Limit _____
Signature _____

5. Name _____ Date of Birth _____
Social Security Number _____
Individual Credit Limit _____
Signature _____

6. Name _____ Date of Birth _____
Social Security Number _____
Individual Credit Limit _____
Signature _____

7. Name _____ Date of Birth _____
Social Security Number _____
Individual Credit Limit _____
Signature _____