

Oak Bank

Visa Business® Card Application

Total Credit Line _____

Company Profile (A financial statement is required)

Name of Company _____

Company Street Address _____

City _____

State _____

Zip Code _____

Tax ID# _____

Telephone Number _____

Organized in the State of _____

Type of Business _____

Annual Sales _____

Date Business Started _____

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) _____

3) _____

Bank References

Principal Bank Relationship _____

Bank Address _____

City, ST, Zip Code _____

Bank Officer _____

Type of Account(s) _____

Account Number(s) _____

1) _____

2) _____

3) _____

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 _____

Driver's License Number _____

State _____

Exp _____

Name _____

Social Security Number _____

Credit Line _____

2) _____

Street Address _____

City _____

State _____

Zip Code _____

Driver's License Number _____

State _____

Exp _____

Name _____

Social Security Number _____

Credit Line _____

3) _____

Street Address _____

City _____

State _____

Zip Code _____

Driver's License Number _____

State _____

Exp _____

Name _____

Social Security Number _____

Credit Line _____

4) _____

Street Address _____

City _____

State _____

Zip Code _____

Driver's License Number _____

State _____

Exp _____

Name _____

Social Security Number _____

Credit Line _____

5) _____

Street Address _____

City _____

State _____

Zip Code _____

Driver's License Number _____

State _____

Exp _____

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 sole proprietorship, 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. The financial institution 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 (50% or more) for other than personal, family, household purposes.

Signature _____

Date _____

Print Title and Name _____