



VISA Business CheckCard Application

Application for New Service Application for Additional Card(s) on existing service

Company Information

Name of Company _____

Mailing Address _____

City _____ State _____ Zip _____

Nature of Business _____ Year Established _____ Phone _____

Tax Identification Number _____ OR Social Security Number _____

Type of Company (Check One)

Sole Proprietorship Owner(s) _____

General Partnership General Partners* _____

Limited Partnership General Partner _____

Corporation President _____

Vice-President _____

Secretary _____

Limited Liability Company Manager _____

Managing Member(s)* _____

Attach additional sheets if necessary

Please attach current business financial statements. In some cases, personal financial statements may be requested. In all cases, additional information may be requested before approval of the CheckCard requested in this application.

Please type or print the names and limits of all individuals who are to receive cards.

Name _____ Limit \$ _____

Name _____ Limit \$ _____

Name _____ Limit \$ _____

Name _____ Limit \$ _____

Account to be linked

Maximum Bank Daily Withdrawal Limits

Business checking account number _____

ATM	POS	SIGNATURE
\$500	\$1000	\$2,500

Request-Authorization and Agreement

By this application, the entity named above, through its authorized representative or officer(s): (a) agrees to the maximum daily withdrawal limits stated above; (b) requests that CheckCard(s) be issued to those employees whose names are listed on this application (and on any attached additional sheet) and on any other company applications ("Cardholders"); (c) authorizes the receipt and exchange of credit information relating to the entity or any Cardholder from credit reporting agencies or others; (d) agrees to complete all corporate, partnership, or other company action necessary to authorize the entity to receive the CheckCard(s) pursuant to this application as of the date of this application; and (e) agrees to be bound by the terms and conditions of that certain FLB VISA Business CheckCard Agreement (the "Agreement") attached with this application or later supplied to the entity in connection with this application.

Authorized Signature(s): X _____ Date: _____

X _____ Date: _____

Employee Initials _____