



Incentive Number \_\_\_\_\_

Business Cost Center \_\_\_\_\_

Credit requests of \$25,000 or less are underwritten with a personal guaranty by the Authorizing Officer, with the exception of not-for-profit or government entities. All not-for-profit and government entities or accounts requesting credit lines in excess of \$25,000 must include two years of audited financial statements and a signed Corporate Resolution. For-profit businesses with annual revenue of \$5 million or greater may choose to be underwritten based on company liability, provided that financial statements and a Corporate Resolution are also submitted. Please contact your Commerce banker to obtain a Corporate Resolution. Accounts approved for a credit line of greater than \$50,000 are required to be paid in full each billing period.

### Business Information

Legal Name of Business \_\_\_\_\_

**Check one:**

Corporation (State \_\_\_\_\_)

LLC

Sole Proprietorship

Other

(\_\_\_\_\_)

Company Name as it should appear on cards (Maximum of 25 characters including spaces) \_\_\_\_\_

Annual Revenue \_\_\_\_\_

Type of Business (Product/Service Offered) \_\_\_\_\_

Number of Employees \_\_\_\_\_

Physical Business Street Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Business Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Years in Business \_\_\_\_\_

Requested Company Credit Limit \_\_\_\_\_

Primary Bank Name \_\_\_\_\_

Bank Officer \_\_\_\_\_

Phone Number \_\_\_\_\_

### Account Information and Signature

If an account is approved and opened, the authorizing officer will be issued a business credit card. For additional card requests that do not fit on this form, please attach a separate sheet that includes the company name and the full name, requested card credit limit and last four of the Social Security Number for each requested cardholder.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Household Monthly Gross Income (\*required for personally guaranteed accounts) \_\_\_\_\_

Requested Credit Limit for Authorizing Officer \_\_\_\_\_

Income from alimony, child support, or separate maintenance need not be disclosed unless you wish it to be considered for the purpose of this application.

By signing this application, you request an account be opened in the name of the Business (the "Account") and request individual accounts be opened for, and cards be issued to, the employees named. In consideration of Commerce Bank ("Commerce") financing purchases under the Account pursuant to the terms and conditions of the cardholder agreement ("Agreement"), you agree to unconditionally pay and perform according to the terms of the Agreement. You agree to pay all amounts due under the Account, upon demand, including, but not limited to, any amount owed by your employees to Commerce and due under terms of the Agreement. You agree that your obligations hereunder, and under the Agreement, shall continue for as long as the Agreement and/or the Account shall be in effect. Commerce shall not be required to initiate any action against, nor exhaust any remedies with respect to, employees prior to making demand upon you. You hereby authorize Commerce to obtain a copy of your credit report from a consumer reporting agency for underwriting purposes. You hereby waive any suretyship defenses and any notices regarding the Agreement. Our bank complies with the USA Patriot Act. This law mandates that we verify certain information about you while processing this Application.

Signature (WITHOUT TITLE) and Print Name \_\_\_\_\_

### Employee Cardholders

EMPLOYEE NAME	CREDIT LINE	LAST FOUR DIGITS OF SSN
1.		
2.		
3.		

Each employee to whom a credit card is issued in connection with an Individual Account (a) requests that a card be issued on the Company's Account to him/her, (b) authorizes the receipt and exchange of credit information about the Individual Account, (c) agrees to be liable for all charges on his/her Individual Account and (d) agrees to be bound by the terms and conditions of this agreement received with his/her card.

## Important Information Concerning the Application:

As used in this Application, the terms “we,” “us,” and “our” refer to Commerce Bank and its assigns; “Company” refers to the company identified in the Application; “you” and “your” refer to both the Company and the Authorizing Officer who submits the Application. By submitting the Application, you request that we establish a Business Card account (“Account”) and issue a Visa Credit Card (“Card”) to you. The Account, and your use of the Card, will be governed by the credit agreement (the “Credit Agreement”) you will receive upon Account approval. The Credit Agreement states that it will be governed by the laws of the State of Missouri, but Commerce will rely on the provisions of Nebraska law with respect to the fees and charges (other than interest) that apply to your Account, as authorized by Missouri Revised Statutes Section 408.145 and applicable federal law.

You represent and warrant that this Application and the Credit Agreement are and will be legal, valid and binding obligations of each of you and that you are and have been duly authorized to, execute and deliver the Application. You further represent and warrant that all information provided in the Application and at any other time in connection with the Application or the Account is true and correct and acknowledge that we will rely on this information in connection with the establishment and maintenance of the Account. Each of the Company and the Authorizing Officer consents to our investigation of its credit history, and authorizes us to obtain a credit bureau report in connection with our review of this Application, and to obtain updated credit bureau reports on Company and personal credit reports on the Authorizing Officer from time to time. If approved for a Company liability Account, investigation of credit is applicable only to Company. You also authorize us to release information to, and respond to inquiries from others (including, without limitation, credit bureaus, our parent company, our affiliates, merchants and other financial institutions) regarding the existence, status, use and history of the Account. Company specifically authorizes us to rely and act on the instructions of the Authorizing Officer and any Program Administrator designated by the Company and Company confirms that action taken by the Authorizing Officer or any Program Administrator will be binding on the Company.

**NOTICE TO AUTHORIZING OFFICER:** Unless Company is approved for a Company liability Account, the Authorizing Officers submission of the Application means that the Authorizing Officer and the Company are jointly and severally liable for repayment of the Account and that the Authorizing Officer is personally guaranteeing the Company’s performance under the Credit Agreement. By submitting the Application, you consent to our investigation of your personal credit history and authorize us to exchange information about you as stated above. If the Authorizing Officer is a resident of New York, one or more consumer reports may be requested in connection with the Application. Upon your request we will inform you whether or not one or more consumer reports were requested, and if such report was requested, we will inform you of the name and address of each consumer reporting agency that furnished a report. If the Authorizing Officer is a resident of Ohio, 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. You understand and agree that because our products are business products, all information relating to you and/or the Account, (including, without limitation, account and application information, purchase and payment activity, and balance and status information) may be shared with Company, and with any designated Program Administrator(s) for the Company. You should have no expectation that this information will remain private from the Company.

**PROGRAM ADMINISTRATOR:** The person indicated as the Program Administrator is hereby designated by the Company as its duly authorized representative and as our primary point of contact with respect to the Card(s) and Account. The Company agrees that all actions of the Program Administrator may be relied upon by us as the duly authorized actions of the Company. The Company may change its designated Program Administrator or authorize one or more additional Program Administrators at any time, upon written notice from the Authorizing Officer to us at Commerce Bankcard Center, PO Box 411036, Kansas City, MO, 64141-1036.

<b>Business Platinum</b>	
<b>Annual Percentage Rate (APR) for Purchases:</b>	10.90% variable rate**
<b>Other APRs:</b>	Cash-advance APR: 19.90% variable rate Late Payment Rate: 21.99% See explanation below.*
<b>Variable Rate Information:</b>	The APR is determined monthly by adding 5.90% to the Prime Rate. The Prime Rate will be subject to a minimum rate of 5.00% (see explanation below)**
<b>Grace Period for Repayment of Purchase Balances:</b>	At least 25 days from the date of the periodic statement (provided you have paid the previous balance in full by the due date).
<b>Method of Computing the Balance for Purchases:</b>	Average Daily Balance (including new purchases, cash advances, fees and finance charges).
<b>Annual Fee:</b>	NONE
<b>Minimum Finance Charge:</b>	\$0.50
<b>Other Fees:</b>	Late Payment Fee: \$29 • Cash-advance Fee: 3.00% of the cash advance amount with a minimum of \$15. • Over-the-Credit-Limit Fee: \$29.00

<b>Business Rewards</b>	
<b>Annual Percentage Rate (APR) for Purchases:</b>	14.90% variable rate**
<b>Other APRs:</b>	Cash-advance APR: 19.90% variable rate Late Payment Rate: 21.99% See explanation below.*
<b>Variable Rate Information:</b>	The APR is determined monthly by adding 9.90% to the Prime Rate. The Prime Rate will be subject to a minimum rate of 5.00% (see explanation below)**
<b>Grace Period for Repayment of Purchase Balances:</b>	At least 20 days from the date of the periodic statement (provided you have paid the previous balance in full by the due date).
<b>Method of Computing the Balance for Purchases:</b>	Average Daily Balance (including new purchases, cash advances, fees and finance charges).
<b>Annual Fee:</b>	NONE
<b>Minimum Finance Charge:</b>	\$0.50
<b>Other Fees:</b>	Late Payment Fee: \$29 • Cash-advance Fee: 3.00% of the cash advance amount with a minimum of \$15. • Over-the-Credit-Limit Fee: \$29.00

\*If at any time we have not received the required minimum monthly payment by the respective due dates for two consecutive months, we may immediately increase the applicable APR, including any introductory rate or promotional rate, to a fixed rate of 21.99%. The account may be eligible for the lower APR after you have met the terms of your account agreement for five consecutive billing cycles after the monthly statement on which the higher APR first appears. Promotional rates will not be reinstated.

\*\*The Prime Rate used to determine the APR on your account is the rate published in The Wall Street Journal in its column called “Money Rates” on the last business day of each month; provided, however, that the Prime Rate will be subject to a minimum rate of 5.00%. There is no ceiling on the applicable APR. We may change the terms of your account agreement, including the monthly periodic rate on outstanding balances at any time. To the extent allowed by law, the new terms will affect outstanding balances.

The information about card costs described herein is accurate as of September 2014. This information may change after this date. To receive the most current information, call us at 1-800-892-7104. Commerce Bank may share your account experience and transaction information with its affiliates. Unless you call 1-800-543-4845, you agree that Commerce Bank and its affiliates may also share other information about your account.



# Certification of Beneficial Owner(s)

## What is the purpose of this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

## Legal Entity Information

**Legal Entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal Entity** does not include sole proprietorship, unincorporated associations, or natural persons opening accounts on their own behalf.

Legal Entity for which the account is being opened:

Entity Name			Entity Tax ID Number	
Entity Street Address		City	State	Zip
Entity Type - description of the Entity (ex: Limited Liability Corporation (LLC))				

## Beneficial Ownership Information:

The following information for each individual\*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the Legal Entity listed above:

Please mark box if no individual meets this definition

### Beneficial Owner 1 Information: \_\_\_\_\_% of ownership

First Name	Middle Name	Last Name	Date of Birth	
Residential Street Address		City	State	Zip
For U.S. Persons: Social Security Number <b>OR</b> Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number				

### Beneficial Owner 2 Information: \_\_\_\_\_% of ownership

First Name	Middle Name	Last Name	Date of Birth	
Residential Street Address		City	State	Zip
For U.S. Persons: Social Security Number <b>OR</b> For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number				

### Beneficial Owner 3 Information: \_\_\_\_\_% of ownership

First Name	Middle Name	Last Name	Date of Birth	
Residential Street Address		City	State	Zip
For U.S. Persons: Social Security Number <b>OR</b> For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number				



**Beneficial Owner 4 Information: \_\_\_\_\_% of ownership**

First Name	Middle Name	Last Name	Date of Birth
------------	-------------	-----------	---------------

Residential Street Address	City	State	Zip
----------------------------	------	-------	-----

For U.S. Persons: Social Security Number **OR**  
For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number

**Control Person Information**

The following information for one individual with significant responsibility for managing the Legal Entity listed above:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); **OR** any other individual who regularly performs similar functions.

First Name	Middle Name	Last Name	Title
------------	-------------	-----------	-------

Residential Street Address	City	State	Zip	Date of Birth
----------------------------	------	-------	-----	---------------

For U.S. Persons: Social Security Number **OR**  
For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number

**Certification of Beneficial Owner(s)**

Name of individual opening account or maintaining the Business Relationship

I, \_\_\_\_\_, (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

First Name	Middle Name	Last Name	Title
------------	-------------	-----------	-------

Signature (Print Form and Sign Here)	Date
--------------------------------------	------

**For Internal Use Only:**

Reason



## Instructions for Completing Certification of Beneficial Owner(s) Form

### What is this form?

Effective on May 11, 2018, federal regulation requires financial institutions obtain, verify and record information about beneficial ownership. Under the new requirements, Commerce Bank must ask individual(s) opening a new account for a legal entity or when a qualifying trigger event has occurred on an existing account, to provide identifying information for:

- Each individual who has beneficial ownership (25% or more) of the legal entity; and,
- One individual that has significant managerial control (Control Person) of the legal entity.

Commerce Bank will be required to perform verification on the Beneficial Owners and Control Person of the entity. You will be asked to certify the information prior to opening an account. You may be asked to provide copies of identification documents for this verification process.

### Who must complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes corporations, limited liability companies or other entities created by filing a public document with the Secretary of State, partnerships, or any other corporate legal entity not explicitly excluded. A few excluded entity examples are government agencies, publicly traded companies and most banks. Legal entities **do not include** sole proprietorships, unincorporated associations, Estates, and Trusts (with some exceptions).

### What information do I have to provide?

You must provide the name, date of birth, residential address, and Social Security number (or passport number or other similar information, in the case of foreign persons), percentage of ownership (beneficial owners only) and title (control person only) for the following individuals (i.e., the beneficial owners and control person):

- i. Each individual, if any, who owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the legal entity customer; **and**
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer)

We may ask to see a driver's license or other identifying document for each beneficial owner listed on the form.

## CERTIFICATION OF BENEFICIAL OWNER(S) & CONTROL PERSON

The person certifying this form on behalf of a legal entity, or an excluded entity, must provide the following information.

### A. LEGAL ENTITY INFORMATION

Required Information for this section of the form includes:

- Entity's Full Name
- Entity's Tax ID Number
- Entity's Physical Address, City, State, Zip Code
- Entity Type – Description of the Entity (ex: Limited Liability Corporation (LLC))

**B. EXCLUSIONS**

Review the list of descriptions and additional information of legal entity below to see if you are an “excluded” entity and CHECK the BOX on this sheet next to **ALL** that apply.

	1. Sole Proprietorship	
	2. Unincorporated Associations (ex: scout troops, youth sports leagues)	
	3. Estates	
<b>If you only selected one or more of items numbered 1-3, the rule does not apply.</b>		
	<b>Entity Type →</b>	<b>Must fall within this definition to be excluded</b>
	4. Regulated Domestic Financial Institutions, including their holding companies	A financial institution regulated by a Federal functional regulator or a bank regulated by a State Bank regulator
	5. United States government entity or US State government entity	A department or agency of the United States, or any State or of any political subdivision of a State
	6. United States publicly traded companies or Subsidiary of a US publicly traded company	Publicly traded companies listed on the New York, the American, or the NASDAQ Stock Exchange; Subsidiaries that are at least 51 percent owned by a publicly traded company
	7. Entity registered with the Security and Exchange Commission (SEC)	An Investment company, Investment Advisor, security exchange, or a clearing agency, or any other entity registered with the Security and Exchange Commission (SEC)
	8. CFTC Registered entities	An entity, commodity pool operator (CPO), commodity trading advisor (CTA), retail foreign, exchange dealer, swap dealer, or major swap participant, registered with the Commodity Future Trading Commission (CFTC)
	9. Registered Public Accounting Firm	A Public Accounting firm registered under the Sarbanes Oxley Act
	10. Insurance Companies	An insurance company that is regulated by a State
	11. Pooled Investment vehicle	Operated or advised by a regulated domestic financial institution which is excluded
	12. Financial Market Utility	A financial market utility designated by the Financial Stability Oversight Council
	13. Foreign Financial Institution	Regulator of the institution must maintain beneficial ownership information regarding such institution
	14. Non-United States governmental department, agency or political subdivision	Engaged in United States government activities only (non-commercial)
<b>If you only selected one or more of items numbered 4 - 14, please complete the Certification of Beneficial Owner(s) section</b>		
	15. Non-Excluded Pooled Investment vehicle	Not operated or advised by a regulated domestic financial institution
	16. Non-Profit corporation or similar entity	Any legal entity that is established as a non-profit corporation or similar formal corporation <b>and</b> has filed its organizational documents with the appropriate State authority
<b>If you only selected item(s) numbered 15 and/or 16, please complete the Control Person Information and Certification of Beneficial Owner(s) sections</b>		
	17. None of the above items apply	
<b>If you only selected item number 17, you <i>MUST</i> complete all sections of the Certification of Beneficial Owner(s) form</b>		

**C. BENEFICIAL OWNERSHIP INFORMATION**

The following information is required for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity:

- Full Name (First, Middle, Last)
- Date of Birth
- Residential Address (Street, City, State, Zip)
- Identification Number\*
- Percentage of Ownership

**If no individual meets this definition, please check the box on the form.**

**D. CONTROL PERSON**

The following information is required for one individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer):

- Full Name (First, Middle, Last)
- Date of Birth
- Residential Address (Street, City, State, Zip)
- Identification Number\*
- Title

**If appropriate, an individual listed as a beneficial owner can also be the control person.**

**E. CERTIFICATION OF BENEFICIAL OWNER(S)**

The following information is required for the person opening the account or maintaining the Business Relationship on behalf of the legal entity customer:

- Full Name (First, Middle, Last)
- Title
- Signature
- Date

*\* For U.S. Persons: Provide SSN OR Driver's License or other government-issued Identification Documentation.*

*\*For Non-U.S. Persons: Provide Tax Identification Number if available OR Driver's License or other government-issued Identification Documentation, Passport Number and Country of Issuance, or other similar identification number. In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard*