

# Visa® Business Debit Card Application

Application Subject to Approval

## COMPANY INFORMATION

Business Name	Tax Identification #
Street Address (Physical Address; No P.O. Boxes)	
City, State, Zip Code	Phone #
Mailing Address (If different from above)	City, State, Zip Code
Type of Business (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship (DBA) <input type="checkbox"/> Lodge/Assoc./Non-Profit	
Nature of Business	Year Established
Business Contact Name	
Attached Account Information <input type="checkbox"/> Checking (Required) # _____ <input type="checkbox"/> Savings # _____	

## NAMES OF INDIVIDUALS TO BE ISSUED SEPARATE CARDS *(Must be signers on attached account)*

Please use separate sheet if necessary (Name, Tax ID#, Limits and Signature should be included)

Authorized User	Tax Identification #
Daily Cash Withdrawal Limit (Max \$250) \$	Daily Purchase Limit (Max \$750) \$
Authorized User's Signature	Card #
Authorized User	Tax Identification #
Daily Cash Withdrawal Limit (Max \$250) \$	Daily Purchase Limit (Max \$750) \$
Authorized User's Signature	Card #
Authorized User	Tax Identification #
Daily Cash Withdrawal Limit (Max \$250) \$	Daily Purchase Limit (Max \$750) \$
Authorized User's Signature	Card #
Number of Business Debit Cards you wish to order per authorized user <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> _____	

## COMPANY AGREEMENT & ACCEPTANCE

The business entity (the "Company") identified in this Application hereby requests The First National Bank in Creston ("Issuer") to issue a Business Debit Card for the Company. The person who signs this Application on behalf of the Company represents he or she is duly authorized by the company to sign this Application. The Company authorizes Issuer to obtain a credit report. The Company certifies that all information contained in this Application is true and correct. Debit card monthly fee of \$1.07 will apply. Initial two cards per account are provided at no cost, each additional plastic request will be provided for \$10.70.

Signature of Authorizing Officer	Printed Name of Authorizing Officer	Date Signed
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## INTERNAL USE ONLY

Total # of Cards Ordered _____	Port # _____	Approved by _____
Expiration Date <u>5 Years from ordering date</u>	Date _____	Approval Date _____



**FIRST NATIONAL BANK**  
CRESTON • AFTON  
Member FDIC

Card #

Rev. 01/2011