

Business Card Application
RCS Bank

Officer # _____

Please Return Completed Application to
BankCard Services
P.O. Box 779, Jefferson City, MO 65102
Fax: 573-634-1104

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	8.90% This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	8.90% This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	25.24% This APR will vary with the market based on the Prime Rate.
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Fees	
Annual Fee	None
Balance Transfer	Either \$10 or 4% of the amount of each transfer, whichever is greater
Cash Advance	Either \$10 or 4% of the amount of each cash advance, whichever is greater
International Transaction	3% of each transaction once converted into U.S. dollars
Late Payment	\$25
Returned Payment	\$25

Card cost information is accurate as of (07/2017). For updates, call us at (1-800-445-9272) or write us at BankCard Services, P.O. Box 779, Jefferson City, MO 65102.

1. Your Business Information

Name of Business (as you would like it to appear on your card – maximum of 21 characters)

Legal Name of Business (if different from above)

Taxpayer ID Number

Business Mailing Address

Business Mailing City, State Zip

Physical Address

Physical City, State Zip

E-Mail Address (optional)

_____ Years In Business	_____ Number of Employees
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Gross Annual Revenue \$

Type of Business: Professional Service
 Retail Manufacturing
 Sales Other

Legal Structure *: Corporation Sole Proprietorship
 Partnership Non-Profit
 LLC Other

* We reserve the right to request additional financial information from the company or guarantor.

2. The following is to be a recipient of a MasterCard® BusinessCard issued by The Central Trust Bank and hereby agrees to having such card issued bearing the respective name of the undersigned:

Employee Information

_____ Last Name	_____ First Name	_____ Initial
_____ Birth Date	_____ Social Security #	
_____ Physical Home Address		
_____ Physical City, State Zip		

Credit Limit Requested \$

Home Phone

Work Phone

_____ Driver's License #	_____ State Issue	_____ Exp. Date
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Employee's Signature

If this application is accepted and the requested MasterCard® issued, the company shall have entered into a contract with bank, subject to the terms and conditions transmitted with said card, and any future amendments thereto. The term "cardholder" in the MasterCard® Agreement refers to both the company and the persons named on the card. The company is liable for all amounts incurred through the use of such cards. Each MasterCard® bankcard issued shall be an extension of said contract. Upon consideration of this application, bank may request a consumer credit report or reports for employees and/or authorized signer(s) from one or more consumer reporting agencies. Information may be exchanged with others regarding bank's extension of credit to applicant. Bank reserves the right to retain this application whether or not it is approved. The authorized signer (applicant) in signing below certifies that all sections of this application have been read by the applicant and that the information contained hereon is true and correct and the applicant further certifies that he/she is 18 years of age or older. The giving of false information on applications for credit is a criminal offense and may be punishable by a fine and/or imprisonment. **IF THIS APPLICATION IS APPROVED, THE MASTERCARD® BUSINESSCARD WILL BE ISSUED BY THE CENTRAL TRUST BANK, JEFFERSON CITY, MO, AS CREDITOR TO THE PERSON NAMED THEREON.**

3. Authorized Officer Signature/Guarantor

I am an Authorized Officer of the Business with the authority to bind the Business to the terms of this Agreement. ** The execution, delivery and performance of this Agreement have been duly authorized. I understand that the Business and I are individually and jointly liable for paying charges on the Account according to the Terms and Conditions.

Authorized Signature(s)

Date

4. Choose a payment option

Consolidated Statement
 Individual Statement
 Rebates or Reward incentives are credited on the payment statement

**Important: A Corporate Resolution noting authorized signer must accompany this form or be on file with BankCard Center in order to process this application.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.