

# Morton Community Bank Commercial Visa® Account

This page should be retained by the business applicant. Fill out the application beginning on the second page, print it, sign it and drop it off at any of our locations or mail it to Morton Community Bank, PO Box 104, Morton, IL 61550

## Rates, Fees and Disclosures

If your gross revenues for the preceding year were \$1,000,000 or less and your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write to Morton Community Bank, 721 W. Jackson, Morton, IL 61550, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), or because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

<b>Visa® Commercial Credit Card With ScoreCard Bonus Points</b>			
Annual Fee	None		
Annual Percentage Rate for Purchases	14% - The rate is determined by adding 6% to the Prime Rate*		
<b>Visa® Commercial Credit Card With Cash Back Rewards</b>			
Annual Fee	\$150 - The fee is waived if annual transactions exceed \$25,000		
Annual Percentage Rate for Purchases	18% - The rate is determined by adding 10% to the Prime Rate*		
<b>All Cards - Visa® Commercial Credit Cards With ScoreCard Bonus Points and Visa® Commercial Credit Card with Cash Back Rewards</b>			
Minimum Finance Charge	\$1.00	Card reissue/replacement	\$5.00 per card
Late Payment Fee	\$39.00	Overnight card reissue/replacement	\$25.00 per card
Grace period for repayment of balances for purchases	Ten Days	Return payment fee	\$30.00
All Research	\$25.00 per 1/2 hour	Pay by phone	\$10.00
Duplicate Statements	\$5.00 per Statement		
International Transaction Fee	1.00% for transactions with currency exchange; 1.00% for transactions without currency exchange.		

\* The variable rate is calculated by adding a margin to the Prime Rate as published in the Wall Street Journal on the 15th day of March, June, September, and December each year.

## Commercial Credit Card Options Comparison

<b>ScoreCard</b>	<b>Cash Back</b>
<ul style="list-style-type: none"> <li>• Rewards = Points                             <ul style="list-style-type: none"> <li>○ Earn one point for each dollar spent</li> <li>○ Can be redeemed for Travel, Gift Cards or Merchandise</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Rewards = Cash Back                             <ul style="list-style-type: none"> <li>○ 1% cash back on all purchases</li> <li>○ Paid out quarterly if qualifications are met</li> <li>○ Minimum total company spend of \$10,000 each quarter to qualify. Does <b>not</b> carry over per quarter.</li> <li>○ Cash back paid out quarterly through credit to company's credit card account</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Access to eZBusiness</li> </ul>	<ul style="list-style-type: none"> <li>• Access to eZBusiness</li> </ul>
<ul style="list-style-type: none"> <li>• Option for Consolidated Statement or Individual Statements</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidated Statements Required</li> </ul>
<ul style="list-style-type: none"> <li>• No Annual Fee</li> </ul>	<ul style="list-style-type: none"> <li>• \$150.00 Annual Fee (per company) – waived if company has total purchase of \$25,000 of greater per year</li> </ul>
<ul style="list-style-type: none"> <li>• Interest Rate 14% (Prime + 6%)</li> </ul>	<ul style="list-style-type: none"> <li>• Interest Rate 18% (Prime +10%)</li> </ul>

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

**Reward Choice**

- Cash Back restrictions apply  
 ScoreCard Bonus Points

**Application for a Commercial VISA® Account**

**IMPORTANT INFORMATION ABOUT 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. When you open an account, we will ask for your name, address, date of birth, and other information (including your Social Security or Taxpayer Identification Number) that will allow us to identify you. We may ask to see your driver's license or other identifying documents, including corporate documents, when appropriate.

**Information about the business applicant**

Legal Name of Business \_\_\_\_\_ DBA Company Name (if applicable) \_\_\_\_\_

Tax ID Number \_\_\_\_\_ Year Company Started \_\_\_\_\_ State of Formation \_\_\_\_\_

Corporation     Partnership     Sole Proprietorship  
 Limited Liability Company     Other \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Street Address (if different than mailing address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (xxx) xxx-xxxx \_\_\_\_\_ Fax (xxx) xxx-xxxx \_\_\_\_\_ Contact Name \_\_\_\_\_ Email Address of Contact \_\_\_\_\_

Industry  Professional     Manufacturing     Service     Agriculture     Retail     Other \_\_\_\_\_

**Business financial data**

If the business is a corporation or LLC, please include a borrowing resolution with your application. A resolution is available from the Bank upon request. If your requested credit limit is \$25,000 or more, please also include 2 years business financial statements and/or tax returns.

Fiscal Year \_\_\_\_\_ Gross Annual Revenue \_\_\_\_\_ Net Income \_\_\_\_\_ Total Assets \_\_\_\_\_ Total Liabilities \_\_\_\_\_ Net Worth \_\_\_\_\_

**Owners'/Guarantors' personal data**

Any individual owning 25% or more of the Business Applicant is required to guaranty this Obligation. The information below is required for each individual meeting this criteria. Please attach additional pages if needed. In evaluating your request for credit, the Bank may request additional financial information.

**Owner/Guarantor 1**

First/Middle/Last Name \_\_\_\_\_ Title \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Percentage of Ownership \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a current customer of Morton Community Bank  Yes  No

**Owner/Guarantor 2**

First/Middle/Last Name \_\_\_\_\_ Title \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Percentage of Ownership \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a current customer of Morton Community Bank  Yes  No

**Owner/Guarantor 3**

First/Middle/Last Name \_\_\_\_\_ Title \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Percentage of Ownership \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a current customer of Morton Community Bank  Yes  No

## Authorized individuals

Please list individuals authorized to obtain information about the account, request additional cards and/or limit increases. Requests from any individual not listed will not be granted. You may attach additional pages if needed.

### First Authorized Individual

\_\_\_\_\_  
First Name Last Name Phone Number

### Second Authorized Individual

\_\_\_\_\_  
First Name Last Name Phone Number

### Third Authorized Individual

\_\_\_\_\_  
First Name Last Name Phone Number

## Card setup information

Name of Company as it should appear on the card (25 character limit)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Billing Date:** What statement closing date would you prefer for your company accounts?  First of the month  Other recurring monthly date \_\_\_\_\_  
Specify recurring date

## Account management options

**Statement Method:** Combined statements are required if you choose Cash Back Rewards. With the combined statement option, all account balances will automatically roll up to a central billing account.  Individual statement for each account  Combined statements for all accounts

**Card restrictions:** Morton Community Bank offers companies the option of placing restrictions on cards to limit their use to certain merchant categories. Contact the Business Services Department at [BusinessServices@Mortonbank.com](mailto:BusinessServices@Mortonbank.com) or 309-284-1293 to place these restrictions.

## Authorized card user information

Provide card user detail information on this sheet for up to six cards you would like issued. If you would like more than six cards attach additional sheets or contact the Business Services Department at [BusinessServices@MortonBank.com](mailto:BusinessServices@MortonBank.com)

### First Authorized Card User

\_\_\_\_\_  
Last Name First Name Middle Name  
\_\_\_\_\_  
Last four digits of Social Security Number Date of birth Cell phone number Credit Limit for this card

### Second Authorized Card User

\_\_\_\_\_  
Last Name First Name Middle Name  
\_\_\_\_\_  
Last four digits of Social Security Number Date of birth Cell phone number Credit Limit for this card

### Third Authorized Card User

\_\_\_\_\_  
Last Name First Name Middle Name  
\_\_\_\_\_  
Last four digits of Social Security Number Date of birth Cell phone number Credit Limit for this card

### Fouth Authorized Card User

\_\_\_\_\_  
Last Name First Name Middle Name  
\_\_\_\_\_  
Last four digits of Social Security Number Date of birth Cell phone number Credit Limit for this card

### Fifth Authorized Card User

\_\_\_\_\_  
Last Name First Name Middle Name  
\_\_\_\_\_  
Last four digits of Social Security Number Date of birth Cell phone number Credit Limit for this card

**Definitions**

"Guarantor" means the undersigned owner/guarantor(s) of the Obligations of the Applicant to Morton Community Bank. "Applicant" means the Business Applicant in this application. "Bank" means Morton Community Bank, its successors and assigns, and "Obligations" means all indebtedness, liabilities and obligations whatsoever of the Applicant owing to the Bank in connection with the Commercial Visa® Account(s) established pursuant to this application, if this application is approved

**Agreement**

**Please read the following carefully**

The individual(s) signing below is/are signing as an authorized representative(s) on behalf of the Applicant **per the terms of the resolution provided with this application**. In that capacity, such person(s) certifies the following: 1) He/she has full power and authority to sign this Application on behalf of the Applicant, 2) The information in and accompanying this Application for credit is true and complete, 3) No bankruptcy proceedings involving the Applicant or Owner/Guarantor(s) are in process or anticipated, and 4) All appropriate corporate or other similar actions needed to authorize the indebtedness incurred hereunder have been accomplished. Morton Community Bank is authorized to verify the information provided and obtain additional information about the Applicant from credit bureaus or any other sources throughout the term of the Account and to report to others such information and credit experiences. The undersigned agree that the Applicant will be liable for all transactions on the Account, including those made by any authorized users.

By signing below it is acknowledged and agreed that the Applicant is granting Morton Community Bank a Uniform Commercial Code security interest in any deposit account maintained by the Applicant at the Bank to secure payment of all Obligations under the Applicant's credit card account and all other current or future indebtedness to the Bank under this Account. Please see the Commercial Visa Card Agreement sent to you for additional information.

Morton Community Bank is not obligated to grant the requested credit and may offer a lower credit limit. This request is subject to the credit approval policies of the Bank. Acceptance or use of any card issued to any authorized users will be subject to the terms of the Commercial Visa Card Agreement that will be sent to you as well as all Visa® rules and all subsequent changes. Account and Agreement terms are not guaranteed for any period of time. All terms, including the APRs and fees, may change in accordance with the Commercial Visa® Card Agreement and applicable law.

Print, sign and date this Application and return it to Morton Community Bank, PO Box 104, Morton, IL 61550, or drop it off at any Hometown Community Banks branch. You should retain a copy of this Application for your records.

**Guaranty (required)**

The Guarantor absolutely and unconditionally guarantees payment to the Bank when due (whether by scheduled maturity, required prepayment, acceleration, demand, or otherwise) of the Obligations, without set-off, counterclaim, recoupment or deduction of any amount. Without limitation, the Guarantor waives any right to require the Bank: to make any presentment, protest, demand, or notice of any kind; to resort for payment or to proceed directly or at once against any person; to proceed directly against or exhaust any collateral held by the Bank from Applicant, any Guarantor, or any other person; to pursue any other remedy within the Bank's power; or to commit any act or omission of any kind, or at any time, with respect to any matter whatsoever. The Guarantor hereby consents that the Bank may, without further consent or notice and without affecting or releasing the obligations of the Guarantor hereunder; waive or delay the exercise of any rights or remedies of the Bank against the Applicant; waive or delay the exercise of any rights or remedies of the Bank against any Guarantor; renew, extend, waive or modify the terms of any Obligation or the obligations of any Guarantor, or any instrument or agreement evidencing the Obligations, apply payments received from the Applicant or Guarantor or from any collateral, to any indebtedness, liability, or Obligations of the Applicant or such Guarantors whether or not an Obligation exists hereunder.

You agree that the Bank may obtain individual credit reports for the purpose of processing this Application or to service the Account in the future. You authorize the Bank to share with others, to the extent permitted by law, its credit experience with you.

\_\_\_\_\_  
Owner/Guarantor 1 - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Guarantor 2 - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Guarantor 3 - Signature

\_\_\_\_\_  
Date

**Bank Use Only**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Commercial Lender

## Optional Services

The following services are available to help you manage your credit card account. Please complete the information for the service(s) you desire. Print, sign and date the request form and return it to Morton Community Bank, PO Box 104, Morton, IL 61550, or drop it off at any Hometown Community Banks branch. If you have any questions please contact the Business Services Department at BusinessServices@MortonBank.com or 309-284-1293.

## eZBusiness Authorization

Manage your account your way with eZBusiness. Please choose only ONE level of access.

### Auditor

Level One Access

- Review transaction information for all cardholders
- Download transaction information
- Access all cardholders statements for the last 12 months

### Bookkeeper

Level Two Access

- Review transaction information for all cardholders
- Download transaction information
- Access all cardholders statements for the last 12 months
- Edit cardholder information
- Make payments

### Security Manager

Level Three Access

- Review transaction information for all cardholders
- Download transaction information
- Access all cardholders statements for the last 12 months
- Edit cardholder information
- Request a new card on an existing account
- Close a cardholder account
- Monitor and change cardholder credit limits
- Request new card for existing cardholder
- Make payments
- View account activity report
- Manage payment accounts
- Manage spending restrictions
- Manage business administration access

Please provide the following information for the person to be appointed with access to eZBusiness

First Name:  Last Name:

Email Address:

Phone Number:

Maximum amount of individual employee credit limit changes allowed \$

## Automatic Payment Authorization

Please complete the section below if you would like your credit card payments to be made automatically from the checking or savings account of your choice.

Morton Community Bank is hereby authorized to debit the following account for payment to the Morton Community Bank credit card account listed below.

### Account Information

Checking Account  Savings Account

Bank Routing Number

Bank Account Number

### Payment Details

#### Payment Amount

- Full Statement Balance
- Minimum Monthly Payment
- Other Fixed Amount (enter below)

#### Payment Date

- Regular Scheduled Due Date
- Other Specified Regular Date (enter below)

By signing below I authorize Morton Community Bank to activate the optional services selected above.

Business Name

Credit Card Account Number (for bank use only)

Authorized Signature

Date



# Morton Community Bank Commercial Credit Card Borrowing Resolution

**RESOLUTION OF** \_\_\_\_\_, **A** \_\_\_\_\_  
(Legal Name of Business) (Type of Organization)

**ORGANIZED AND EXISTING UNDER THE LAWS OF** \_\_\_\_\_  
**EFFECTIVE AS OF** \_\_\_\_\_  
(State) (Date)

WHEREAS, at a meeting of the Board of Directors/Managers/Members of \_\_\_\_\_  
(Legal Name of Business)

. a Corporation/Limited Liability Company ("Company") organized and existing under the laws of \_\_\_\_\_

was called and held on the \_\_\_\_\_  
(Date) (State)

WHEREAS, the Company desired to obtain Commercial VISA credit cards ("Cards") for the Company from Morton Community Bank;

NOW THEREFORE, BE IT : RESOLVED, that the Morton Community Bank Commercial VISA Card Agreement ("Agreement") and the issuance of Cards pursuant to the Agreement are approved and authorized.

FURTHER RESOLVED that any \_\_\_\_\_ of the following (hereafter referred to as "Authorized Persons" of the Company)

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

are hereby authorized to secure from Morton Community Bank, one or more Cards on behalf of the Company which may be used by any cardholder named by such Authorized Persons to initiate those transactions as authorized and described in the Agreement with respect to the Cards. Such Authorized Persons be, and each of them hereby is, further authorized to execute and deliver in the name and on behalf of the Company, the Agreement and supporting documentation governing the issuance and use of such Cards with such changes, if any, as Authorized Persons executing the same shall approve, and to otherwise conduct any business whatsoever relative to the Cards as may be necessary or advisable in order to carry out the full intent and purposes of the Agreement and of these Resolutions.

The Authorized Persons of Company, and any other person hereafter authorized on behalf of Company, may exercise all of the rights and privileges of the Company with regard to any account linked to the Card.

FURTHER RESOLVED that this Resolution shall continue in full force and effect until written notice of revocation has been received by Morton Community Bank and Morton Community Bank has had reasonable time and opportunity to act thereon.

I, \_\_\_\_\_ the Secretary/Manager/Member of the Company certify that the Board has full power and lawful authority to adopt the foregoing Resolutions and to confer the powers herein granted to the Authorized Persons.

Executed this day \_\_\_\_\_  
(Date)

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

# BENEFICIAL OWNERSHIP CERTIFICATION FORM

For Bank Use:   
This form applies to the following  
accounts(s) opened on (Date):

Account Type

Account Number

EIN \_\_\_\_\_

Persons opening an account on behalf of a legal entity must provide the following information:

## Natural Person Opening the Account

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## Legal Entity for Which Account is Being Opened

Legal Name: \_\_\_\_\_

DBA, if applicable: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Legal Entity Type: \_\_\_\_\_

Please provide the following information for one individual with **significant responsibility for managing the legal entity listed above**, such as:

An executive officer or senior manager

Please mark:  Chief Executive Officer     Chief Financial Officer     Chief Operating Officer

Managing Member     General Partner     President     Vice President

Treasurer     Any other individual who regularly performs similar functions.

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Identification Type:  Driver's License

Other \_\_\_\_\_

Address: \_\_\_\_\_

ID Number: \_\_\_\_\_

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

Place of Issuance: \_\_\_\_\_

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

Issued Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



# BENEFICIAL OWNERSHIP CERTIFICATION FORM

Please provide the following information for **each** individual, if any, who directly or indirectly, **owns 25% or more** in the equity interests of the legal entity listed on the prior page.

Name: \_\_\_\_\_ Identification Type:  Driver's License  
Other: \_\_\_\_\_  
Address: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_  
Ownership %: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Identification Type:  Driver's License  
Other: \_\_\_\_\_  
Address: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_  
Ownership %: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Identification Type:  Driver's License  
Other: \_\_\_\_\_  
Address: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_  
Ownership %: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Identification Type:  Driver's License  
Other: \_\_\_\_\_  
Address: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Issuance: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_  
Ownership %: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify to the best of my knowledge that the information provided above is complete and correct.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# BENEFICIAL OWNERSHIP CERTIFICATION FORM

Keep this page for your records. Please complete and return all other pages to Morton Community Bank.

## WHAT IS 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.

## WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening an account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form a **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 proprietorships, unincorporated associations or natural persons opening accounts on their own behalf.

## WHAT INFORMATION DO I HAVE TO PROVIDE?

This form required you to provide the name, address, date of birth and Social Security Number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e. the beneficial owners):

(i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g. each natural person who owns 25% or more of the shares of the corporation; and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer)

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under Section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under Section (i), you must provide the identifying information of one individual under Section (ii). It is possible that in some circumstances the same individual may be identified in both sections (e.g. the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual under Section (ii) and up to five individuals (i.e. one individual under Section (ii) and four 25% equity holders under Section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.



# eZBusiness Authorization

Select only one level of access  
Use this form for more than one User.

### Auditor

Level One Access

- Review transaction information for all cardholders
- Download transaction information
- Access all cardholders statements for the last 12 months

### Bookkeeper

Level Two Access

- Review transaction information for all cardholders
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### Security Manager

Level Three Access

- Review transaction information for all cardholders
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- Monitor and change cardholder credit limits
- Request new card for existing cardholder
- Make payments
- View account activity report
- Manage payment accounts
- Manage spending restrictions
- Manage business administration access
- 
- 
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Please provide the following information for the person to be appointed with access to eZBusiness

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Maximum amount of individual employee credit limit changes allowed \$ \_\_\_\_\_

I do hereby authorize the above named person to have the access selected for eZBusiness on behalf of

[Company Name] \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title: \_\_\_\_\_

Print Name \_\_\_\_\_

Title: \_\_\_\_\_