Pricing Summary

Interest Rates and Interest Charges					
Annual Percentage Rate (APR) for Purchases	18.74% when you open your account.				
	After that, your APR will vary with the market based on the Prime Rate.				
APR for Balance Transfers	18.74%				
	This APR will vary with the market based on the Prime Rate.				
APR for Cash Advances	23.74%				
	This APR will vary with the market based on the Prime Rate.				
How to Avoid Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest				
on Purchases	on purchases if you pay your entire balance by the due date each month.				
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.50.				
For Credit Card Tips from the					
Consumer Financial Protection	mer Financial Protection To learn more about factors to consider when applying for or using a credit card, visit the website of				
Bureau	the Consumer Financial Protection Bureau at <u>http://www.consumerfinance.gov/learnmore.</u>				

Fees					
Annual Fee \$19.00, per card with <i>CorRewards</i> .					
Transaction Fees					
 Balance Transfer 	Either \$10 or 3% of the amount of each transfer, whichever is greater (maximum fee: \$100).				
	Waived for balance transfers at time of account opening.				
 Cash Advance 	Either \$10 or 3% of the amount of each cash advance, whichever is greater (maximum fee: \$100				
 Foreign Transaction 	1% of each transaction in U.S. dollars.				
Penalty Fees					
 Late Payment 	Up to \$19 if balance is less than \$100.				
	Up to \$25 if balance is \$100 or more.				
 Over-the-Credit Limit 	None				
 Returned Payment 	Up to \$25 .				

How We Will Calculate your Balance: We use a method called "average daily balance (including new purchases)".

Note: Your entire balance is due and payable by the payment due date each month. The CorPlatinum Business Credit Card account is to be used only for business purposes and not for personal, family or household purposes.

CORPLATINUM BUSINESS

CREDIT CARD APPLICATION

LATION



ccount Type (please check one)	\Box Sole Proprietor \Box Pa	artnership \Box Corporation	$\square \square LLC$	□ Other			
COMPANY INFORMATION	NOTE: All applicable section	s should be filled out complete	ly. If not, process	ing of your applica	tion may be delayed or denied.		
Name of Company				Tax ID Number			
Business Address	ess City		Zip Code Business Phone				
Type of Business	pe of Business				Number of Years in Business		
Please emboss my cards with the	ne following business name: (m	hax of 21 characters, including	spaces)	Credit Line Requ	ested (Shared between all cards)	□ Consolidated Pay □ Individual Pay	
ISSUE BUSINESS CREDIT C.	ARDS TO THE FOLLOWIN	G INDIVIDUAL(S)					
Last Name	First	Middle	Credit Line	e for this Card	Social Security Number	Date of Birth	
Company Title		Division/I	Department		Home Phone ()		
Home Address	City	State		Zip Code	Cell Phone ()		
Last Name	First	Middle O	Credit Line for this	s Card	Social Security Number	Date of Birth	
Company Title		Division/I	Department		Home Phone ()		
Home Address	City	State		Zip Code	Cell Phone ()		
Last Name	First	Middle 0	Credit Line for this	s Card	Social Security Number	Date of Birth	
Company Title		Division/I	Department		Home Phone ()		
Home Address	City	State		Zip Code	Cell Phone ()		
REWARDS/FEES							
 Use points for great Please make the following according the second second	ery dollar spent its – Accumulate points into on t rewards such as gift cards, tra punt the primary account for Co	e primary account for all busin vel vouchers and merchandise. rRewards:	ess cards issued		date they are earned.		
complete. By submitting this are reports and verify information accordance with applicable law	pplication, you acknowledge an with third parties in connection (; (4) this business card account ne payment due date each mont	d agree that (1) all information with this application and to rev will be used only for business h. This offer is subject to the B	provided is accur view the account; purposes and not ank's credit polic	rate and complete; (3) the Bank reserv for personal, famil ies. All business ca	(2) CorTrust Bank, N.A. (the "Bares the right to change the terms of y or household purposes; (5) the righolders agree to be bound by the terms of	ank") may request credit of the account in entire balance on the	
AUTHORIZED OFFICER M		· · · · ·	□ own	ER 🗆 PAI	RTNER		
**Please remember to includ cardholder(s) for your entity.		returns, current financial sta	tements and a Co	orporate Resolutio	on/minutes from board meeting	authorizing approved	
XAuthorized Officer Signature	re I	Date	XAuthorized O	fficer Signature		Date	
Print Authorized Officer Na	me		Print Authori	zed Officer Name			
Title			Title				

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Federal law requires us to obtain, verify, and record information that identifies each person who opens an account, in order to help the government fight the funding of terrorism and money laundering activities. To process this application, we must have your name, street address, date of birth, and other identifying information, and we may ask for identifying documents from you as well.

QUESTIONS? PLEASE CALL 605-996-0554 This credit card offer is available only to business applicants in the CorTrust Bank, N.A. lending area. The terms of your Account, including any APR (or how the APR is calculated) are subject to change in accordance with applicable law and your Cardholder Agreement. Mail completed application to: CorTrust Bank Credit Card, PO Box 7030, Mitchell, SD 57301