Pricing Summary

Interest Rates and Interest Charges						
Annual Percentage Rate (APR)	19.49% when you open your account.					
for Purchases	After that, your APR will vary with the market based on the Prime Rate.					
APR for Balance Transfers	19.49%					
	This APR will vary with the market based on the Prime Rate.					
APR for Cash Advances	24.49%					
	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	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 http://www.consumerfinance.gov/learnmore.					

Fees						
Annual Fee	\$19.00, per card with CorRewards.					
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 BUSINESSCREDIT CARD APPLICATION



ccount Type (please check one)	□ Sole Proprietor □ Pa	rtnersnip Corporation	on 🗆 LLC					
	NOTE: All applicable sections	should be filled out complet	tely. If not, process		tion may be delayed or denied.			
Name of Company				Tax ID Number				
Business Address	City	State	Zip Code	Business Phone				
Type of Business		Number of Years	in Business					
Please emboss my cards with the following business name: (max of 21 characters, including spaces)				Credit Line Requested (Shared between all cards) ☐ Consolidated Pay ☐ Individual Pay				
						□ marviduar r uy		
	ARDS TO THE FOLLOWING		~ !! *!	2 11 2		D 001.1		
Last Name	First	Middle	Credit Line	e for this Card	Social Security Number	Date of Birth		
Company Title		Division	/Department		Home Phone			
Home Address	City	State		Zip Code	Cell Phone			
Last Name	First	Middle	Credit Line for thi	s Card	Social Security Number	Date of Birth		
Company Title Division/D			/Department		Home Phone			
Home Address	City	State		Zip Code	Cell Phone			
Last Name First Middle Credi			Credit Line for thi	s Card	Social Security Number	Date of Birth		
Company Title	Company Title Division/D				Home Phone			
Home Address	City	State		Zip Code	Cell Phone			
REWARDS/FEES								
□ YES, please sign this account up for CorRewards. An annual fee of \$19.00 per card will be billed to the account. ➤ Earn 1 point for every dollar spent ➤ Combine your points – Accumulate points into one primary account for all business cards issued								
Use points for great rewards such as gift cards, travel vouchers and merchandise. Points valid for 36 months after the date they are earned.								
Please make the following according	ount the primary account for Cor	Rewards:						
□ NO, do not sign this accoun	nt up for CorRewards at this time							
SIGNATURE(S)								
complete. By submitting this a reports and verify information accordance with applicable law account will be due in full by t	application, you acknowledge and with third parties in connection <i>v</i> ; (4) this business card account	d agree that (1) all information with this application and to rewill be used only for business. This offer is subject to the	on provided is accureview the account; ss purposes and not Bank's credit police	rate and complete; (3) the Bank reserve for personal, family sies. All business ca	predit. You certify that all information (2) CorTrust Bank, N.A. (the "Bayes the right to change the terms of yor household purposes; (5) the ordholders agree to be bound by the state of the control of the state o	ank") may request credit of the account in entire balance on the		
AUTHORIZED OFFICER M	MUST BE ONE OF THE FOL	LOWING (check one):						
☐ PRESIDENT/CHAIRMA	AN UICE PRESIDEN	NT TREASUREI	R □ OWN	ER 🗆 PAF	RTNER			
**Please remember to includ cardholder(s) for your entity		eturns, current financial st	atements and a C	orporate Resolutio	on/minutes from board meeting	authorizing approved		
X Authorized Officer Signatu	то т)oto	X	Officer Signature		Data		
Aumorized Officer Signatu	IC L	Date	Authorized C	onicer signature		Date		
Print Authorized Officer Na	ame		Print Author	Print Authorized 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.