

Pricing Summary

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	17.74% when you open your account. After that, your APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	17.74% This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	22.74% This APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest 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 Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .

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.

CREDIT CARD APPLICATION



Account Type (please check one) ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

COMPANY INFORMATION NOTE: All applicable sections should be filled out completely. If not, processing of your application 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) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Credit Line Requested (Shared between all cards) <input type="checkbox"/> Consolidated Pay <input type="checkbox"/> Individual Pay

ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUAL(S): Please attach copies of this page for additional cardholders.

Last Name	First	Middle	Credit Line 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 this Card	Social Security Number	Date of Birth / /
Company Title			Division/Department	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 1.5 points 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 account the primary account for CorRewards: _____

☐ **NO**, do not sign this account up for CorRewards at this time.

ONLINE ACCOUNT MANAGEMENT

☐ **YES**, please register this account for SpendTrack Online Account Management and add the individual listed below as Program Administrators for our Company. The Program Administrator (PA) is an advanced user with full access to all of the company's features within SpendTrack. Once approved, the Program Administrator can add additional users and/or Program Administrators for the company.

Name: _____ Email Address: _____ Cell Phone Number: _____

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This application is submitted to obtain business credit. You certify that all information herein is true and complete. By submitting this application, you acknowledge and agree that (1) all information provided is accurate and complete; (2) CorTrust Bank, N.A. (the "Bank") may request credit reports and verify information with third parties in connection with this application and to review the account; (3) the Bank reserves the right to change the terms of the account in accordance with applicable law; (4) this business card account will be used only for business purposes and not for personal, family or household purposes; (5) the entire balance on the account will be due in full by the payment due date each month. This offer is subject to the Bank's credit policies. All business cardholders agree to be bound by the terms and conditions of the Bank cardholder agreement, a copy of which will be mailed to each cardholder if this application is approved.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (check one):

☐ **PRESIDENT/CHAIRMAN** ☐ **VICE PRESIDENT** ☐ **TREASURER** ☐ **OWNER** ☐ **PARTNER**

****Please remember to include past 2 years of business tax returns, current financial statements and a Corporate Resolution/minutes from board meeting authorizing approved cardholder(s) for your entity.**

X _____			
Authorized Officer Signature	Print Authorized Officer Name	Title	Date

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