CREDIT APPLICATION

VISA® BUSINESS CARD

Check Account Choice:
(Select Only One)
☐ SOLE OWNER
☐ PARTNERSHIP
☐ CORPORATION
☐ NON-PROFIT

COMPANY INFORMATION

Note: All Sections Should be Filled Out Completely. If Not, Processing Of Your Application May Be Delayed.

Name of Company				Tax I.D. Number
Company Address	City	State	Zip Code	Business Phone
Type of Business				Date of Formation

ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:

(Attach additional sheet if necessary)

Last Name	First	Middle		Social Security Number
Company Title		Credit Limited Requested		Date of Birth
Company Address	City	State	Zip Code	Home Phone
Signature				Date

Last Name	First	Middle		Social Security Number
Company Title		Credit Limited Requested		Date of Birth
Company Address	City	State	Zip Code	Home Phone
Signature				Date

Last Name	First	Middle		Social Security Number
Company Title		Credit Limited Requested		Date of Birth
Company Address	City	State	Zip Code	Home Phone
Signature				Date

CREDIT INFORMATION

(Attach additional sheet if necessary with signatures)

Bank of Colorado	Branch	Loans	☐ Open	☐ Closed
Checking Account Number/Name Listed		Savings Account Number/Name Listed		

Name and Address of Trade References	Name Under Which Account is Carried	Account Number	Balance	Monthly Payment
1.			$	$
2.			$	$
3. Bank Credit Card/ Bank Name and Address			$	$

CONDENSED BUSINESS FINANCIAL STATEMENT

Bank reserves the right to require additional financial information

CURRENT ASSETS $		CURRENT LIABILITIES $
TOTAL ASSETS $		TOTAL LIABILITIES $
IMPORTANT:	THE FINANCIAL STATEMENT OR/AND ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED	NET WORTH $ (Total Assets Less Liabilities)

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: The undersigned parties ("Applicant") agree and acknowledge that this statement is submitted to obtain credit and Applicant certifies that all information herein is true and compete. Applicant agrees that inquiries may be made to verify information provided by Applicant and that credit reference or verification may be obtained or given based on communication made with other parties, including credit reporting agencies.

Applicant agrees to be bound by the terms and conditions of the Bank Card Agreement, including the obligation to pay, when due, the total of all Credit Purchases and Cash Advances, along with any Finance Charge or other charges arising thereunder. A copy of the Bank Card Agreement will be mailed to the Application if this application is granted.

If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (CHECK ONE):

___PRESIDENT ___VICE PRESIDENT ___TREASURER ___OWNER ___PARTNER

_____
Name of Company

_____ _____ _____
Applicant Signature Title Date

_____ _____ _____
Applicant Signature Title Date

THE UNDERSIGNED AGREE TO BE JOINTLY AND SEVERALLY LIABLE FOR ANY AND ALL CREDIT EXTENDED FROM TIME TO TIME PURSUANT TO THIS APPLICATION OR THE BANK CARD AGREEMENT.

_____ _____
Individually Individually

CREDIT DISCLOSURES

ANNUAL PERCENTAGE RATE (APR) FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	CASH ADVANCE FEE
12.90%	$25	25 DAYS*	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES*	$25	10% OF AMOUNT PAST DUE ($25 MAX)	2% OF CASH ADVANCE TRANSACTION ($2 MINIMUM)

At the date this application was printed (shown in the lower right-hand corner - this side) the information listed above was accurate.
Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown on the reverse side.

*A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date.

The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges. **VISA® cards may not be used for any illegal transactions.**

FOR INTERNAL USE ONLY

ACCOUNT NUMBER NO.(1)			ACCOUNT NUMBER NO. (2)		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY
NO. CARDS	PRO. CODE		NO. CARDS	PRO. CODE	

BANK OF COLORADO Member FDIC

Fold and secure with tape for mailing.

REV. 12/06