

**CREDIT APPLICATION
VISA® BUSINESS CARD**



ACCOUNT TYPE (Check Only One)
 Sole Owner Corporation
 Partnership Non Profit

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

COMPANY INFORMATION

| | | | | |
|------------------|------|-------|----------|-----------------------------|
| Name of Company | | | | Tax I.D. Number |
| Company Address | City | State | Zip Code | Business Phone |
| Type of Business | | | | How Many Years in Business? |

ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:

Attach additional sheet if necessary.

| | | | | | |
|---------------|-------|------------------------------------|---------------|-------|------------------------------------|
| Last Name | First | Middle | Last Name | First | Middle |
| Company Title | | Limit for this Individual Card: \$ | Company Title | | Limit for this Individual Card: \$ |
| Last Name | First | Middle | Last Name | First | Middle |
| Company Title | | Limit for this Individual Card: \$ | Company Title | | Limit for this Individual Card: \$ |
| Last Name | First | Middle | Last Name | First | Middle |
| Company Title | | Limit for this Individual Card: \$ | Company Title | | Limit for this Individual Card: \$ |
| Last Name | First | Middle | Last Name | First | Middle |
| Company Title | | Limit for this Individual Card: \$ | Company Title | | Limit for this Individual Card: \$ |
| Last Name | First | Middle | Last Name | First | Middle |
| Company Title | | Limit for this Individual Card: \$ | Company Title | | Limit for this Individual Card: \$ |

ENTITY AUTHORIZATION

The undersigned hereby certify(ies) all of the following are and will be true and correct until written notice of their modification or discontinuance shall be given to and actually received by Bank of Colorado, but no such modification or discontinuance shall affect the validity of the acts or agreements in effect at the time such notice is given:

The complete and correct name of the entity is as set forth in the Company Information section of the Credit Application ("Entity"). The Entity is, and at all times shall be, duly organized, validly existing, and in good standing under and by virtue of the laws and regulations of the State of Colorado, New Mexico or Arizona. The Entity has the full power and authority to own its properties and to transact the business and activities in which it is engaged or proposes to engage. The Entity shall do all things necessary to preserve and to keep in full force and effect its existence, rights and privileges, and shall comply with all regulations, rules, ordinances, statutes, orders and decrees applicable to the Entity and the Entity's business activities. The following resolutions were adopted by the appropriate governing body of the Entity in accordance with the governing documents of the Entity. (1) that the individuals who are now, or hereafter, to receive business credit cards, have been designated by the Entity to receive and use a business credit card are authorized to borrow funds on the business credit card up to the specified credit limit, (2) the following named persons are duly elected, appointed, or employed by or for the Entity, as the case may be, occupy the positions set opposite their respective names, and are authorized, empowered, and directed on behalf of the Entity to open credit card accounts, add or delete credit account holders, adjust limits on individual credit cards, make general account inquiries, and borrow from Bank of Colorado such amount or amounts of money or other financial accommodations as may be made available to the Entity by Bank of Colorado at this time or any other time:

| | |
|---|---|
| <input checked="" type="checkbox"/> _____ Name Title | <input checked="" type="checkbox"/> _____ Name Title |
| <input checked="" type="checkbox"/> _____ Name Title | <input checked="" type="checkbox"/> _____ Name Title |

This Authorization now stands of record on the books of the Entity, is in full force and effect, and has not been modified or revoked in any manner whatsoever. Any and all acts authorized pursuant to this Authorization and performed prior to the passage of this Authorization are hereby ratified and approved. The Entity will promptly notify Lender in writing at the Lender's address: 5651 S. 59th Street, Lincoln, NE 68516 (or such other addresses as Lender may designate from time to time) prior to any (A) change in the Entity's name; (B) change in the Entity's assumed business name(s); (C) change in the structure of the Entity, (D) change in the authorized signer(s); (E) change in the Entity's principle office address; (F) change in the Entity's principle residences; or (G) change in any other aspect of the Entity that directly or indirectly relates to any agreements between the Entity and Lender.

BUSINESS FINANCIAL STATEMENT Attach current income statement and balance sheet. The Bank reserves the right to require additional information.

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. 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 | |
| <input checked="" type="checkbox"/> _____ Officer Signature Title Date | <input checked="" type="checkbox"/> _____ Officer 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.

| | |
|--|--|
| <input checked="" type="checkbox"/> _____ Individually (as personal guarantor for business) | <input checked="" type="checkbox"/> _____ Individually (as personal guarantor for business) |
|--|--|

FOR INTERNAL USE ONLY

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

..... remove and keep for your records

IMPORTANT INFORMATION REGARDING RATE, FEES, COSTS, AND OTHER TERMS

All charges on this account are due and payable in full when you receive your periodic statement

| INTEREST RATE AND INTEREST CHARGES | | FEES | |
|---|---|---|--|
| Annual Percentage Rate (APR) for Purchases | 12.90% Fixed | Annual Fees | None |
| Penalty APR and When It Applies | NONE | Transaction Fees • Foreign Transaction | 1.0% of each multi-currency transaction in U.S. Dollars or 0.80% of each single-currency transaction in U.S. Dollars |
| Paying Interest | Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. | Penalty Fees • Late Payment • Over-the-Credit-Limit • Returned Payment | Up to \$25.00 None None |
| Minimum Interest Charge | NONE | Other Fees • Telephone Payment | \$10.00 |

How we will calculate your balance: We use a method called "average daily balance" (including new purchases). An explanation of this method is provided in your credit card agreement.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your credit card agreement.

Payment Information: All charges made on this account are due and payable when you receive your periodic statement. If you do not pay the balance in full the APR will be 12.90% and the remaining balance will be considered past due and your account may be closed.

Cash Advance/Balance Transfers: Cash advance and balance transfer options are not allowed on this card. Cash advance limit is not available.

Certification of Beneficial Owners of Legal Entities

| | | | |
|---------------------------------------|-----------------------|---------------------------------|--|
| Financial Institution Name: | | Financial Institution Location: | |
| Financial Institution Contact Person: | Contact Phone Number: | Customer Portfolio/Identifier: | |

I. GENERAL INSTRUCTIONS

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 a new 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 requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a 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 might be identified under 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 percent 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.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

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

| | |
|---|--|
| Name of Natural Person Opening Account: | Title of Natural Person Opening Account: |
| Type of Legal Entity for Which the Account is Being Opened: | Legal Entity Identifier (Optional): |
| Name of Legal Entity for Which the Account is Being Opened: | |
| Physical Address of Legal Entity for Which the Account is Being Opened: | |

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

| Name (Beneficial Owner) | Date of Birth | Address (Residential or Business Street Address) | <i>For U.S. Persons: Social Security Number</i> | <i>For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number¹</i> |
|----------------------------|------------------|---|---|--|
| First | | Street | | Number |
| Last | % | City State & Zip | | Country of Issuance |
| First | | Street | | Number |
| Last | % | City State & Zip | | Country of Issuance |
| First | | Street | | Number |
| Last | % | City State & Zip | | Country of Issuance |
| First | | Street | | Number |
| Last | % | City State & Zip | | Country of Issuance |

If checked, Beneficial Owner listing requirement is Not Applicable

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 (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ◆ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

| Name/Title (of Person with Control) | Date of Birth | Address (Residential or Business Street Address) | For U.S. Persons: Social Security Number | For Non-U.S. Persons: Social Security Number and country of issuance, or other similar identification number ¹ |
|---|------------------|---|--|--|
| First | | Street | | Number |
| Last | | City | | Country of Issuance |
| Title | | State & Zip | | |

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, *(name of natural person opening account)*
 hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also,
 the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership
 information on this Certification.

Signature: _____ Date: _____

For Institution Use Only:

| Name of Beneficial Owner | Type of Document | Document ID Number | Place of Issuance | Date of Issuance | Expiration Date |
|-----------------------------|--------------------------|-----------------------|-------------------|---------------------|--------------------|
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

Additional Information: