

# Visa® Business Debit Card Application

Application Subject to Approval

## COMPANY INFORMATION

Business Name	Tax Identification #
Street Address (Physical Address; No P.O. Boxes)	
City, State, Zip Code	Phone #
Mailing Address (If different from above)	City, State, Zip Code
Type of Business (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship (DBA) <input type="checkbox"/> Lodge/Assoc./Non-Profit	
Nature of Business	Year Established
Business Contact Name	
Attached Account Information <input type="checkbox"/> Checking (Required) # _____ <input type="checkbox"/> Savings # _____	

## NAMES OF INDIVIDUALS TO BE ISSUED SEPARATE CARDS *(Must be signers on attached account)*

Please use separate sheet if necessary (Name, Tax ID#, Limits and Signature should be included)

Authorized User	Tax Id #	Date of Birth
Daily Cash Withdrawal Limit (Max \$500) \$	Daily Purchase Limit (Max \$1,500) \$	Phone #
Authorized User's Signature	Card #	
Authorized User	Tax Id #	Date of Birth
Daily Cash Withdrawal Limit (Max \$500) \$	Daily Purchase Limit (Max \$1,500) \$	Phone #
Authorized User's Signature	Card #	
Authorized User	Tax Id #	Date of Birth
Daily Cash Withdrawal Limit (Max \$500) \$	Daily Purchase Limit (Max \$1,500) \$	Phone #
Authorized User's Signature	Card #	
Number of Business Debit Cards you wish to order per authorized user <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> _____		

## COMPANY AGREEMENT & ACCEPTANCE

The business entity (the "Company") identified in this Application hereby requests The First National Bank in Creston ("Issuer") to issue a Business Debit Card for the Company. The person who signs this Application on behalf of the Company represents he or she is duly authorized by the company to sign this Application. The Company authorizes Issuer to obtain a credit report. The Company certifies that all information contained in this Application is true and correct..

Signature of Authorizing Company Officer \_\_\_\_\_ Printed Name of Authorizing Officer \_\_\_\_\_ Date Signed \_\_\_\_\_

## INTERNAL USE ONLY

Completed by CHANTEL KLEJCH Port # \_\_\_\_\_  
Expiration Date 33 months from ordering date Date 05/24/2023

Approved by \_\_\_\_\_  
Approval Date \_\_\_\_\_



FIRST NATIONAL BANK  
CRESTON • AFTON • SHENANDOAH  
Member FDIC

Ordered by: \_\_\_\_\_  
Dated Ordered: \_\_\_\_\_