## JEFFERSON BANK BUSINESS VISA CHECK CARD APPLICATION



Please complete the application and bring it to the Jefferson Banking Center nearest you or mail it to the address at the bottom of this page.

COMPANY INFORMATION	
Company Name	
☐ Sole Proprietor ☐ Corporation	☐ General Partnership ☐ Limited Partnership
Club/Association Professional Corpora	tion Public Entity Limited Liability Company
Business Address (PRINT CLEARLY THE PHYSICAL LOCATION OF BUSINESS	S INCLUDING CITY, STATE AND ZIP)
Check box if the mailing address is the same as	s the business location address.
Mailing Address	
	Business Phone
Cell Phone	
Primary Checking	Secondary Checking and/or Savings
	ORATION, PARTNERSHIP, LLC, PUBLIC ENTITY OR CLUB/ASSOCIATION)
I, certify that I am the Secretary, or c	other Equivalent Officer, or Partner and herby certify that:
<ol> <li>The company requests for a Business Check Card to be issed. Check Card Application and Cardholder Agreement.</li> <li>The company may designate the Deposit Accounts owned.</li> <li>The company may designate the Authorized Cardholders</li> </ol>	
Signature	Date
Signature	
BUSINESS AUTHORIZATION — BUSINESS	OWNER(S)
	unt designated above and all other deposit accounts maintained by the business entity named above at Jefferson he deposit account designated above and all other accounts maintained by Company at Bank pursuant to resolutions
business purposes and not for personal, family or household purposes. I warra (click link to access agreement) with regard to the above referenced Account in to each Cardholder named in this Application, and I acknowledge that each s	ned by the Company at Bank (including the account designated above) were established and are used exclusively for ant that I have the authority to sign this application and to enter into the <u>Business Check and Cash Card Agreement</u> at the capacity herein stated. On behalf of the Company, I request Bank to issue a Business Check and Cash Card uch Cardholder and anyone else allowed to use a Card will be able to access funds on deposit in the account(s) as a signer on such account(s), all as fully set forth in the Agreement being executed on behalf of Company and allity of the Company with respect to the use of Cards.
Authorized Signer(s):	
Date	Date
Signature	Signature
Printed Name	Printed Name
le Title	

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AUTHORIZED CARDHOLDERS	
1 Name	Social Security Number
Residential Address	
Home Phone # Date of B	
Cardholder's Role: Owner Signer Employee (Not a signer when, signature below is not required)	IGNER)
Signature	Date
Limit	
Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00)	
2 Name	
Residential Address ${}_{\text{(PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)}}$ Home Phone # Date of B	irth Driver's License#, State
Cardholder's Role: Owner Signer Employee (NOT A SI	
Signature	Date
Limit Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00)	$\frac{1}{\text{ATM}} \text{ (not to exceed $500.00)}$
3 Name	Social Security Number
Residential Address  (PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)	
Home Phone # Date of B	irth Driver's License#, State
Cardholder's Role: Owner Signer Employee (Not a signer when signature below is not required)	IGNER)
Signature	Date
Limit	
Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00)	ATM (NOT TO EXCEED \$500.00)
4 Name (PRINT CLEARLY LEGAL NAME)	
Residential Address (PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)	
	irth Driver's License#, State
Cardholder's Role: Owner Signer Employee (NOT A SI	IGNER)
Signature	Date
Limit	
Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00)	ATM (NOT TO EXCEED \$500.00)
BANK USE	
Approving Officer	Branch
Signature	Date

