



Business Credit Card Application

Rev 3/2026

Business Visa® Total Credit Line Requested \$ _____

Company Profile (A financial statement is required)

Name of Company _____

Company Street Address _____

City _____

State _____

Zip Code _____

Tax ID# _____

Phone Number _____

Website _____

Type of Business _____

Organized in the State of _____

Annual Sales _____

Date Business Started _____

Cardholder Data

Please provide names, credit limits, and cell phone numbers of individuals to be issued credit cards. Should additional cards be needed, please attached the appropriate information for the individuals. Cell phones will be used for fraud notification response.

1) Name	Credit Line	Cell Phone Number
2) Name	Credit Line	Cell Phone Number
3) Name	Credit Line	Cell Phone Number
4) Name	Credit Line	Cell Phone Number

By signing this application, the Company agrees that if this application is accepted and a card(s) issued, the Company will be bound by the terms and conditions within the Cardholder Agreement. To the extent permitted by law, the Company or sole proprietorship, individual, if company is a sole proprietor, shall be responsible and liable for any unauthorized use of any cards issued to Company pursuant to this application. It is the Company's responsibility to secure all Company credit card(s) from terminated employees. The financial institution is authorized to verify the statements contained herein, and may make whatever credit inquiries it deems necessary. Company represents and warrants that the credit will be used primarily (50% or more) for other than personal, family, household purposes.

Guaranty. The undersigned ("Guarantor," whether one or more) jointly and severally guarantees payment of the Obligations defined above when due or, to the extent not prohibited by law, at the time any Debtor becomes the subject of bankruptcy or other insolvency proceedings. Obligations include interest and charges and the amount of payments made to Lender or another by or on behalf of any Debtor which are recovered from Lender by a trustee, receiver, creditor or other party pursuant to applicable federal or state law, and to the extent not prohibited by law, all costs, expenses and attorneys' fees at any time paid or incurred before and after judgment in endeavoring to collect all or part of any of the above.

Signature/Guarantor _____

Date _____

Print Name and Title _____

Additional Signature/Guarantor _____

Print Name and Title _____

Additional Signature/Guarantor _____

Print Name and Title _____

Additional Signature/Guarantor _____

Print Name and Title _____

Bank Use Only

Account Officer: _____ Referred by: _____ Date Officer Approved: _____

Date Template Approved: _____

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See pages 2 – 3 for
Certification of
Beneficial Owner(s)

General Instructions and Certification of Beneficial Owners

I. GENERAL INSTRUCTIONS

What is in 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:

- a. Name and Title of Natural Person Opening Account: _____
- b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened: _____
- c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above.

Beneficial Owner 1 _____ % Ownership	<input type="checkbox"/> U.S. Person	<input type="checkbox"/> Non-U.S. Person	Date OFAC Checked: _____
Name: _____	D.O.B.: _____ U.S. TIN: _____		
Address: _____	Passport No. and Country of Issuance ¹ _____		
City, State, Zip: _____	_____		
Verification Doc. ID No.: _____	_____		
Date Issued: _____ Expiration Date: _____	Place of Issuance: _____		
Other Verification Information: _____	_____		
Indirect Ownership Explained: _____	_____		

Beneficial Owner 2 _____ % Ownership	<input type="checkbox"/> U.S. Person	<input type="checkbox"/> Non-U.S. Person	Date OFAC Checked: _____
Name: _____	D.O.B.: _____ U.S. TIN: _____		
Address: _____	Passport No. and Country of Issuance ¹ _____		
City, State, Zip: _____	_____		
Verification Doc. ID No.: _____	_____		
Date Issued: _____ Expiration Date: _____	Place of Issuance: _____		
Other Verification Information: _____	_____		
Indirect Ownership Explained: _____	_____		

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.

Certification of Beneficial Owner(s) – Continued

Beneficial Owner 3 _____ % Ownership U.S. Person Non-U.S. Person **Date OFAC Checked:** _____

Name: _____	D.O.B.: _____ U.S. TIN: _____
Address: _____	Passport No. and Country of Issuance ¹ _____
City, State, Zip: _____	_____
Verification Doc. ID No.: _____	_____
Date Issued: _____ Expiration Date: _____	Place of Issuance: _____
Other Verification Information: _____	
Indirect Ownership Explained: _____	

Beneficial Owner 4 _____ % Ownership U.S. Person Non-U.S. Person **Date OFAC Checked:** _____

Name: _____	D.O.B.: _____ U.S. TIN: _____
Address: _____	Passport No. and Country of Issuance ¹ _____
City, State, Zip: _____	_____
Verification Doc. ID No.: _____	_____
Date Issued: _____ Expiration Date: _____	Place of Issuance: _____
Other Verification Information: _____	
Indirect Ownership Explained: _____	

If no individual meets the definition of "Beneficial Owner", please indicate "Not Applicable" in the "Name" field of each Beneficial Owner box above and explain below (e.g. "All owners have less than 25% ownership interest", "Charity/Non-Profit", etc.).

d. 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 in section (c) above may also be listed in this section (d)).

Control Person _____ U.S. Person Non-U.S. Person **Date OFAC checked:** _____

Name: _____	D.O.B.: _____ U.S. TIN: _____
Address: _____	Passport No. and Country of Issuance ¹ _____
City, State, Zip: _____	_____
Verification Doc. ID: _____	_____
Date Issued: _____ Expiration Date: _____	Place of Issuance: _____
Other Verification Information: _____	

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

I also certify, to the best of my knowledge, that the individuals named here,

_____ (Name(s) of Beneficial Owner(s)) and/or Control Person)

_____ have previously provided the Customer Identification Program information required above for such individual(s) to Citizens State Bank and such information remains up-to-date and accurate as of the date listed below.

Since the account to be opened with Citizens State Bank is a loan, I agree to promptly notify Citizens State Bank of any change in any of the information set forth in this Certification of Beneficial Owner(s).

Signature: _____ Date: _____

Automatic Payment Authorization

I request that Citizens State Bank pulls the automatic payment on my behalf and allow them full responsibility for keeping my payments consistent without having to incur late fees. If I shall request to cancel this automatic payment at any time, I will sign a separate automatic payment form requesting cancellation of this withdrawal.

This payment will be monthly on the _____ day of the month (days 1-25) for the amount of:

- Fixed Amount \$ _____
- Full Statement Balance
- Minimum Payment Due

from my Account # _____ Routing Number # _____

If you want to set up recurring payments on mycardstatement.com, you must cancel this recurring payment by signing the Automatic Payment Form & notify us immediately to avoid double payments.

Signature: _____ Date: _____

Application Table

Citizens State Bank

Business Visa®

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for	16.90% when you open your account.
APR for Balance Transfers	16.90% when you open your account.
APR for Cash Advances	19.90% when you open your account.
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.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
Fees	
Annual Fee	None
Transaction Fees <ul style="list-style-type: none">• Cash Advance• Lender's ATM Fee• Overlimit Fee• Foreign Transaction• Replacement Card Fee• Expedited Card Fee	Either \$5.00 or 3.00% of the amount of each transfer, whichever is greater None \$29.00 1% of each transaction in U.S. dollars \$10.00 \$50.00
Penalty Fees <ul style="list-style-type: none">• Late Payment• Return Payment	\$25.00 \$25.00

How Will We Calculate Your Balance:

We use a method called "Average Daily Balance (including new purchases)".

The information in this table was printed and is accurate as of 07-09-2024 and is subject to change after this date. Contact your community banker to learn of any change in the information since it was printed by mailing your request to Citizens State Bank, PO Box 219, La Crosse Wisconsin 54602.

NOTICE:

You agree that we may obtain and use consumer credit reports and exchange credit information in connection with this offer and any update, renewal or extension of credit we may extend to you. If you request, we will inform you whether any credit report was requested and, if so, the name and address of the consumer reporting agency which furnished the report. As permitted by law, we may share account and other information as well as information contained in your Application and in any credit report on you, with any Citizens State Bank affiliates and others. Complete details regarding our rights to share information will be provided to you after an account is established. You agree that we will consider this an Application for a Visa® Business account. You agree that we reserve the right, based upon our evaluation of information furnished by you or others, not to open an account. You must be at least 18 years old to qualify (19 in AL and NE; 21 in MS). Married applicants may apply for separate credit.

Anti-Terrorism:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To process the 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.

State Laws Require the Following Notices:

California Residents: A married applicant may apply for a separate account. After approval, each applicant shall have the right to use this account to the extent of the credit limit set by the creditor and each applicant may be liable for the amount extended under this account to any joint applicant. Delaware Residents: Service charges not in excess of those permitted by law will be charged on the outstanding balances from month to month. New York Residents: New York residents may contact the New York State Banking Department at 1-800-518-8866 to obtain a comparative listing of credit card rates, fees and grace periods. Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Married Wisconsin Residents: Your signature confirms that this loan obligation is being incurred in the interest of your marriage or family. No provision of any marital property agreement, unilateral statement or court decree adversely affects a creditor's interest unless, prior to the time the credit is granted, the creditor is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

Applicable Law:

The above rates and fees are governed, as are your Cardholder Agreement and Account, by the laws and regulations of the State of Wisconsin, as well as the applicable laws and regulations of the United States of America.