

BUSINESS CREDIT CARD APPLICATION



1 Hudson Street, Kinderhook, NY 12106
Ph 518.758.7101 www.kinderhookbank.com

Note: All applicable sections should be filled out completely or processing of the application may be delayed.

Credit limit requested \$ _____
Card choice (check one)
 Visa MasterCard
Purpose: _____

Minimum Information Required:

- Completed application
- Last 3 years business tax returns
- Last 3 years personal tax returns
- Recent Personal Financial Statement
- Additional information may be required

COMPANY INFORMATION

C-Corp <input type="checkbox"/>		Sub S-Corp <input type="checkbox"/>		LLC <input type="checkbox"/>		General Partnership <input type="checkbox"/>		Sole Proprietorship <input type="checkbox"/>		Other <input type="checkbox"/>	
Legally Registered Company Name:											
Trade or DBA Name:											
Physical Street Address (No PO Boxes Please):											
City:				State:				Zip:			
Mailing Address (if different):											
City:				State:				Zip:			
Primary Business Contact:											
Business Phone:			Fax:			Cell Phone:			E-mail:		
Date Business Established:				State Business Established In:				Federal Tax ID#:			
Nature of Business:											

OWNER/PRINCIPAL OFFICER INFORMATION

For each individual with 25% or more ownership. If more than 2 individuals copy form and complete for each.

Name:				Name:											
Ownership %:				Ownership %:											
Owners Title:				Owners Title:											
Home Street Address:				Home Street Address:											
City:		State:		Zip:		City:		State:		Zip:					
Mailing Address (if different):				Mailing Address (if different):											
City:		State:		Zip:		City:		State:		Zip:					
Home Phone:			Cell Phone:			Home Phone:			Cell Phone:						
Date of Birth:			SSN#:			Date of Birth:			SSN#:						
Have you ever been declared bankrupt?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		Have you ever been declared bankrupt?			Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If yes, when?:				If yes, when?:											
Have you ever had any judgment, liens or legal proceedings against you?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		Have you ever had any judgment, liens or legal proceedings against you?			Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Do you have any contingent liabilities?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		Do you have any contingent liabilities?			Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If yes to any of the above, please describe:				If yes to any of the above, please describe:											
Are you currently in the U.S. Military? __ Yes __ No. If yes, are you on Active Duty status? __ Yes __ No						Are you currently in the U.S. Military? __ Yes __ No. If yes, are you on Active Duty status? __ Yes __ No									
Mother's Maiden Name:				Place of Birth:				Mother's Maiden Name:				Place of Birth:			

INTEREST RATE & INTEREST CHARGES

Annual Percentage Rate (APR) on Purchases	12.90%
APR for Balance Transfers	12.90%
APR for Cash Advances	12.90%
Paying Interest	We will not charge you any interest on purchases if you pay your entire balance by the due date each month. The interest charge on cash advance begins from the date you obtained the cash advance. The interest charge on balance transfers begins from the date the transaction is posted to your account.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50
For Credit Card tips from the Consumer Finance Protection Board	To learn more about factors to consider when applying for or using a credit card, visit the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore

FEES

Annual Fees	None.
Transaction Fees	
•Balance Transfer Fees	3% of each balance transfer; \$5.00 minimum
•Cash Advance Fees	3% of each cash advance; \$5.00 minimum
•Fees for Foreign Purchases	1% of each US Dollar amount for currency conversion. 0.80% if no conversion occurs
Penalty Fees	
•Late Fees	Up to \$25.00
•Return Payment Fee	Up to \$30.00
•Over-the-Limit Fee	None
How will we calculate your balance?:	We will use a method called AVERAGE DAILY BALANCE (including new purchases).

SIGNATURE(S)

Information is current as of January 1, 2016. Because rates and terms are subject to change, you may contact us for the current information by writing or calling the Main Office as shown at the top of this application. 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. A Finance Charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made. Cash Advances will be calculated in the same manner as explained for Credit Purchases.

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 verifications may be given based on 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 have joint and several liability for any and all credit extended from time to time.

Authorized Signature

Date

Authorized Signature

Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record required information that identifies each person who opens an account. What this means for 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. We may also ask for similar identifying information concerning individuals with authority or control over the account.

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Kinderhook Bank

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CARD SETUP INFORMATION

Individuals at company authorized to request additional cards and/or limit increases:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name of Company as it should appear on the card _____
(limit 22 characters)

AUTHORIZED USERS

You may authorize individual to use your account identified as your "authorized user(s)." Each authorized user will be issued a card. The persons you list below are designated as authorized users. For each card issued, you must designate an individual credit limit. The individual credit limits will be added to determine the total credit limit (credit limits are subject to approval).

Authorized User Name(s)	Business Phone #	Social Security #	Date of Birth	Mother's Maiden Name	Credit Limit Requested
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
Total Credit Limit					\$ _____