

BUSINESS PLATINUM



Application for: (Please check one. If nothing is checked, the default is Platinum Preferred.)

v15.1 4/2025

☐ BUSINESS PLATINUM	☐ BUSINESS PLATINUM PAYBACK	☐ BUSINESS PLATINUM PREFERRED
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Promo Code: _____ FI Use Only: Guarantee Application (Y/N): _____ Financial Institution #: _____

*Total Credit Limit Requested: \$ _____ *Payment Option Desired¹(Check 1): _____ Consolidated Bill _____ Individual Bill _____

¹ Consolidated Bill rolls all cardholders into one monthly statement to be paid. Individual Bill generates one monthly statement per cardholder.

Information About Your Business – Applicant (Please Print Clearly)

* Indicates Required Fields

*Business Legal Name: _____ *EIN/Tax ID # _____
Doing Business As: _____ DUNS #: _____
*Business Location Street Address (No P.O. Boxes): _____
*City: _____ *State: _____ *Zip Code: _____
Mailing Address (if different than Street Address): _____
City: _____ State: _____ Zip Code: _____
*Legal Structure: Corporation Partnership/LLC Sole Proprietor *Business Category: _____
*Years in Business: _____ *Number of Employees: _____ *Gross Annual Sales: \$ _____
Contact Person *First Name: _____ *MI: _____ *Last Name: _____
Suffix: _____ *Business Phone: _____ - _____ - _____ *Email: _____

Principal / Officer CALIFORNIA RESIDENTS: Applicant, if married, may apply for a separate account.

* Indicates Required Fields

*First Name: _____ *MI: _____ *Last Name: _____ Suffix: _____
*Date of Birth (mm/dd/yyyy): _____ / _____ / _____ *SSN: _____ - _____ - _____
*Primary Phone: _____ - _____ - _____ This is a cell _____ Secondary Phone: _____ - _____ - _____ This is a cell _____
*Street Address (No P.O. Boxes): _____ *Title: _____
*City: _____ *State _____ *Zip Code _____ *% of Ownership: _____ *Yrs. Owned: _____
*Personal Annual Income²: \$ _____ *Email: _____
*Monthly Housing Cost and Other Minimum Monthly Obligations³: \$ _____ Monthly Child Care Expenses: \$ _____

² Alimony, child support and other separate maintenance income need not be revealed if you do not wish to have it considered as part of your application.

³ Include all recurring monthly costs for housing, auto and other minimum obligations you are personally required to pay.

PRINCIPAL / OFFICER SIGN HERE: Your signature below as the authorized signer means you are authorized to borrow on behalf of the business. You hereby certify that all the above statements and the information on the front and back of this Application form are submitted for the purpose of obtaining credit. You, as representative of the Applicant and Principal / Officer, certify that the information given is true and correct, and you authorize Issuer (as identified on the back of this Application) to obtain all credit information necessary to process this application. You authorize the Issuer to check with credit reporting agencies and other sources (with respect to the Business, Applicant and Principal / Officer) for any lawful purpose in connection with this Application and any account or party related to this Application. Upon request, we will inform you of the name and address of each consumer reporting agency from which we obtained any consumer report relating to you. By keeping, using or permitting others to use the account or any card, you agree to the terms of the Cardholder Agreement, which will be sent with the card. You understand the Issuer will request information from you to verify your identity in accordance with the USA Patriot Act.

*Principal / Officer Signature: _____ *Date (mm/dd/yyyy): _____ / _____ / _____

Applicant information continued on back.

PERSONAL GUARANTY: The undersigned authorized officer(s), as guarantor(s) hereby agrees to unconditionally, absolutely and irrevocably personally guarantee payment of all amounts due under, and the performance under the terms of the Card Assets Business Credit Card Agreement and Disclosures ("Agreement"), in the event of any default under the Agreement that governs the Account. The undersigned hereby waives any notices regarding the agreement of this guaranty, and the signed guarantor(s) agrees that Card Assets may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. Guarantor(s) agrees that personal credit history of the undersigned guarantor(s) may be used in making credit decisions, and credit reports on the undersigned guarantor(s) may be obtained from time to time.

*Guarantor Signature: _____ *Date (mm/dd/yyyy): _____ / _____ / _____

*Guarantor Signature: _____ *Date (mm/dd/yyyy): _____ / _____ / _____

TO SUBMIT YOUR APPLICATION Please scan or email your application to CreditCardApps@CardAssets.com.

Authorized Users				* Indicates Required Fields
*Name to Appear on Card (limit 22 characters):				
First Name	MI	Last Name	Suffix	
1. _____				
Email Address _____				
_____ / _____ / _____				
_____ / _____ / _____				\$ _____
2. _____				
Email Address _____				
_____ / _____ / _____				
_____ / _____ / _____				\$ _____
3. _____				
Email Address _____				
_____ / _____ / _____				
_____ / _____ / _____				\$ _____
4. _____				
Email Address _____				
_____ / _____ / _____				
_____ / _____ / _____				\$ _____

Additional Authorized Users / Cardholders must be employed by or affiliated with signing Principal's / Officer's business.

*Total Authorized Credit Limit Requested: \$ _____

Required Documentation Please submit the following documentation with this Application:*

- 1) Personal guarantor required for requested limits of \$25,000 or less
- 2) Verification of business (Licenses, Schedule C or Articles of Incorporation)
- 3) One or more of the following may be required:
 - Personal financial statement-must be signed within the last 12 months
 - 2 years of business tax returns
 - 2 years of audited financial statements including balance sheets and income statements
 - 2 years of personal tax returns
 - Business or personal bank statements
 - Debt Schedule

*All accounts are subject to annual review which may include obtaining recent financials.

Identification of Issuer

The Issuer FI that will evaluate this Application for the purpose of making a credit decision and opening any account(s) and issuing any credit card(s) under this Application is **Card Assets**, a division of **First Arkansas Bank and Trust**.

FI Use Only (Please do not write in this section)

Contact Name: _____

AMPD Rewards ID: _____

Contact Telephone Number: _____ - _____ - _____ Contact Email: _____

Special Handling Comments: _____

Important Disclosures	These are effective January 9, 2025 . Subject to change. Contact us at 800.854.7642 or by mail at 3595 Canton Road, Suite 312-339, Marietta, GA 30066-2658 with any questions.
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Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	0.00% introductory APR for the first six (6) billing cycles. After that, your APR will be 20.99% . This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	0.00% introductory APR for the first six (6) billing cycles. After that, your APR will be 20.99% . This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	0.00% introductory APR for the first six (6) billing cycles. After that, your APR will be 24.49% . This APR will vary with the market based on the Prime Rate.
Penalty APR and When it Applies	28.24% . This APR will vary with the market based on the Prime Rate. This APR may be applied to your account if you: (1) Make a late payment (2) Make a payment that is returned (3) Do any of the above on any other account held with us How Long Will the Penalty APR Apply? If your APRs are increased for any of these reasons, we may keep them at this higher level indefinitely or until we receive six (6) consecutive minimum payments by the required due date.
How to Avoid Paying Interest on Purchases	Your payment due date is at least 25 days after the close of each billing period. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	The minimum charge for interest will be no less than \$1.00 or such minimum determined by the state in which you are a resident at the time of application.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at https://www.consumerfinance.gov/learnmore

Fees		
Annual Fee		None
Rewards Membership Fee		None
Transaction Fees:	Balance Transfer	Either \$10.00 or 4.0% of the amount of each transfer, whichever is greater.
	Cash Advance	Either \$10.00 or 5.0% of the amount advanced, whichever is greater.
	Foreign Transaction	3.0% of the US dollar amount of the transactions originating in a foreign country.
Penalty Fees:	Late Fee	Up to \$35.00
	Over the Credit Limit	None
	Return Payment Charge	Up to \$25.00 per item

How We Will Calculate Your Balance: The method used to calculate your balance is called "average daily balance (including new purchases)." See Cardholder Agreement for more details.

Variable Rate Information: Your APRs will vary with the market based on the Prime Rate. The Prime Rate is the highest FI prime loan rate as published by the Wall Street Journal in its Money Rates Section on the 14th day (or the next business day if the 14th is not a business day) of the calendar month preceding the first day of the billing period. If the Periodic Rate(s) and corresponding Annual Percentage Rate(s) increase, your interest charges will increase and your minimum payment may be greater.

Balance Transfers: Most balance transfers will post to your account within 21 business days. The time frame is dependent on how quickly the payee processes the transferred amount. Please continue to make payment on that account until you know the transferred amount has posted and the balance has been paid. If the total amount you request exceeds your available balance, we may send full or partial payments to your creditors in the order you provide them to us. Balance transfers do not earn rewards.

Loss of Introductory APR: We may end your introductory APR and apply the Penalty APR if you make a late payment.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in the Cardholder Agreement that will be provided to you before you can begin using your new card.

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 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.

LATE FEE: If we do not receive an amount equal to or greater than your Minimum Payment Due by the Payment Due Date shown on your Periodic Statement, a late payment fee in the amount set forth on the Credit Terms provided may be imposed.

CARDHOLDER AGREEMENT: By keeping, using or permitting others to use the account or any card, you agree to the terms of the Cardholder Agreement, which will be sent with the card. You also agree that the Cardholder Agreement and the account are governed by Arkansas and Federal law. The terms of your account, including rates and fees, are subject to change to the extent permitted by law.

ARBITRATION AGREEMENT: (Agreement to Arbitrate) Arbitration is a method of deciding disputes outside the court system. Your Cardholder Agreement will include an Arbitration Provision (the "Provision"), which governs when and how any disputes you and we may have will be arbitrated instead of decided in court.

INFORMATION SHARING: First Arkansas Bank and Trust's Privacy Policy is available online at www.24-7cardaccess.com.

STATE LAW NOTICES

Finance charges not in excess of those permitted by law will be charged on outstanding balances from month to month. You may at any time pay all or part of your unpaid balance.

CALIFORNIA RESIDENTS: Applicant, if married, may apply for a separate account.

DELAWARE and MARYLAND RESIDENTS: Finance charges will be imposed in amounts or at rates not in excess of those permitted by law on the outstanding balances from month to month.

NEW YORK RESIDENTS: New York residents may contact the New York Department of Financial Services by telephone or visit its website for free information on comparative credit card rates, fees and grace periods. (800) 342-3736 and www.dfs.ny.gov.

OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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.

WISCONSIN RESIDENTS: We will not charge you attorneys' fees, court costs or other collections costs incurred as a result of your default.

MARRIED WISCONSIN RESIDENTS: No provisions of any marital property agreement, unilateral statement under section 766.59 or court decree under section 66.70 will adversely affect the interest of the creditor unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement, statement, or decree or has actual knowledge of the adverse position when the obligation to the creditor is incurred. We are required to ask you to provide the name and address of your spouse.



FACTS

What does FAB&T do with your financial information?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. The information can include: • Social Security number and income • Account balances and payment history • Credit history and credit scores When you are no longer our customer, we can continue to share your information as described in this notice.
How?	All financial companies need to share customer's personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer's personal information; the reasons FAB&T chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information:	Does FAB&T share?	Can you limit this sharing?
For our everyday business purposes, such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes, to offer our products and services to you.	Yes	No
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes information about your transactions and experiences.	No	We do not share
For our affiliates' everyday business purposes Information about your creditworthiness.	No	We do not share
For non-affiliates to market to you.	No	We do not share

Questions?	Call us at 800.982.4511 or go to www.fabandt.bank
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FACTS What we do

Who is providing this notice?	FAB&T
How does FAB&T protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Our Online Banking service utilizes a comprehensive security strategy to protect your accounts and transactions conducted. Your use of the service requires acceptance at an encrypted cookie, which is removed when the browser is closed.
How does FAB&T collect my personal information?	We collect your personal information, for example, when you: • Open an account or deposit money • Pay your bills or apply for a loan • Use your credit or debit card We also collect your personal information from others, such as credit bureaus, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: • Sharing for affiliates' everyday business purposes – information about your creditworthiness • Affiliates from using your information to market to you • Sharing for non-affiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and non–financial companies. • <i>FAB&T does not have any affiliates.</i>
Non–affiliates	Companies not related by common ownership or control. They can be financial and non–financial companies: • <i>FAB&T does not share information with non–affiliates.</i>
Joint marketing	A formal agreement between non–affiliated financial companies that together market financial products or services to you. Our joint marketing partners include: • <i>Financial institutions for whom we issue credit cards.</i> • <i>Financial institutions with which you may have an existing relationship.</i>

BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

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)).

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a Legal Entity must complete section A, B, C, D and sign at the bottom.

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:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	% of Ownership
1						
2						
3						
4						

*If no individual meets this definition, please enter "Not Applicable" above and **explain below** (i.e. All <25%; Charity/Non-Profit; etc.):

Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)Please use page three if you need additional room to explain.

d. The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

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

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

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

SIGNATURE:

DATE: Legal Entity Identifier (Optional):

Beneficial Owner Detail (if needed):

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.