

Community Bank Business Card Application

Credit Line Requested: \$1,000 \$3,000 \$5,000 Other \$ _____

Company Profile (A financial statement is required)

Name of Company _____

Company Street Address _____ City _____ State _____ Zip Code _____

Tax ID# _____ Telephone Number _____ Organized in the State of _____

Type of Business _____ Annual Sales _____ Date Business Started _____

Type of Organization: Sole Proprietorship General Partnership Limited Partnership Profit Corporation
 Non-Profit Government Agency Limited Liability Company (LLC)
 Other Organization _____

Name of Principals or Officers _____ Title _____ Social Security Number _____

1) _____

2) _____

3) _____

Bank References

Principal Bank Relationship _____ Bank Address _____ City, ST, Zip Code _____ Bank Officer _____

Type of Account(s) _____ Account Number(s) _____

1) _____

2) _____

3) _____

Account Information

Please provide names and home addresses of individuals to be issued credit cards.

Name _____ Social Security Number _____ Credit Line _____

1) _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Exp _____

Name _____ Social Security Number _____ Credit Line _____

2) _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Exp _____

Name _____ Social Security Number _____ Credit Line _____

3) _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Exp _____

Name _____ Social Security Number _____ Credit Line _____

4) _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Exp _____

Name _____ Social Security Number _____ Credit Line _____

5) _____

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Exp _____

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.

Signature

Date

Print Title and Name



The Community Card
with
Universal Acceptance

Apply today and enjoy the benefits
and added services of the
Community Bank Credit Card!

Application Form



COMMUNITY BANK
208 10th STREET
PO BOX 430
ALTON, IA 51003

NO ANNUAL FEES!



Alton Orange City
Ph: 712-756-4125 Ph: 712-737-2737
Fax: 712-746-4600 Fax: 712-737-8031

Low Interest Rate

Take advantage of our low interest rate and pay off high interest rate debt

No Annual Fee

Easy Minimum Monthly Payments
Only 4% of the outstanding balance, or \$25, whichever is greater

Cash Advances

Easily attained at financial institutions
Worldwide

ACH Autopay

Allows for direct credit card payments from
Your checking or savings account

Travel Accident Insurance

Included free when your travel fare is
Charged to your credit card account

Auto Rental Insurance

Local Hometown Service