

VISA® CORPORATE CARD APPLICATION

BUSINESS INFORMATION

Tax I.D. Number

Total Number of Cards Requested

Company Name (This name will appear on your card. Maximum 25 spaces)

Company Telephone Number†:

Alternate Telephone Number†:

Company Physical Address

Street

City

State

Zip

Mailing Address if Different

Describe Product or Service Provided by Company

Date Established

Type of Business (Check One): Sole Proprietorship Partnership Corporation Not-For-Profit Other

Gross Annual Income:

†If you have entered a cell phone number, or another number that you later convert to a cell phone number, you agree that we may contact you at this number. You also agree to receive calls and messages, such as pre-recorded messages, calls and messages from automated dialing systems, or text messages. Normal cell phone charges may apply.

BANKING REFERENCE INFORMATION

Bank Name

Account Number

Bank Officer Name

Bank Officer's Phone Number:

BUSINESS OWNER INFORMATION

First

Middle

Last

Physical Home Address

City

State

Zip

Date of Birth (MMDDYYYY)

Social Security Number

Total Monthly Income

Home Phone Number:

Cell Phone Number:

First

Middle

Last

Physical Home Address

City

State

Zip

Date of Birth (MMDDYYYY)

Social Security Number

Total Monthly Income

Home Phone Number:

Cell Phone Number:

BENEFICIAL OWNERS INFORMATION

In an effort to understand your ownership structure, do any companies, trusts, partnerships or non-individuals own 25% or more of your business

Check One: Yes No

If yes, please complete the **required** Beneficial Owner section next for any additional individual Beneficial Owners.

Please provide the following information for additional/individual owners who own 25% or more of the business which is **required** by federal regulations to fight financial crime. Do not include yourself. Government agencies and non-profit organizations are not required to complete this section.

First Middle Last (Suffix)

Home Address Suite/Unit#

City State Zip

Date of Birth (MMDDYYYY) Social Security Number % Ownership

Email Address

First Middle Last (Suffix)

Home Address Suite/Unit#

City State Zip

Date of Birth (MMDDYYYY) Social Security Number % Ownership

Email Address

First Middle Last (Suffix)

Home Address Suite/Unit#

City State Zip

Date of Birth (MMDDYYYY) Social Security Number % Ownership

Email Address

First Middle Last (Suffix)

Home Address Suite/Unit#

City State Zip

Date of Birth (MMDDYYYY) Social Security Number % Ownership

Email Address

CONTROLLING MANAGER/OWNER INFORMATION

The following information must be obtained for an individual with significant responsibility for managing the legal entity.

Name

Title

Date of Birth

Address (Residential or Business Street Address)

City

State

Zip Code

For U.S. Persons: Social Security Number (SSN)

For Non-U.S. Persons: Passport Number or Alien Identification Card Number

SECURITY BANKCARD SELECT REWARDS™ PROGRAM ENROLLMENT

Yes! I would like to enroll in the Security BankCard Select Rewards™ Program.

IMPORTANT: SIGNATURES REQUIRED TO ENROLL IN THE SECURITY BANKCARD SELECT REWARDS™ PROGRAM.

See reverse side for
program details or visit
securitybankcard.com/rewards

Applicant

Authorized Representative

ACCOUNT OPTIONS

Central Billing Statement with Individual Memo Statements – Central Billing Statement generates a master statement for making one combined monthly payment, along with account breakdown for reviewing individual account activity. Payments WILL NOT post to individual accounts and should not be made on the Individual Memo Statements.

Please Select One: Do you want to allow Cash Advances on each card in the company's Corporate Card Account? YES NO

If Yes, Select One: What percentage of each card's credit limit should be available for Cash Advances?

25% 50% 75% 100% OTHER %

Day of month for all statements to bill out (choose one):

4 6 9 12 14 15 18 23 24 End of the Month

Note: Payment due date will be 25 days after billing date.

INTEREST RATES AND INTEREST CHARGES

The information about the costs of the cards described in this application is accurate as of July 11, 2018. This information may have changed after that date. To find out what may have changed, call us at 1-800-356-8085 or write to us at P.O. Box 6139 Norman, OK 73070 or go to www.securitybankcard.com.

Annual Percentage Rate (APR) for Purchases, Balance Transfers, Cash Advance	0% Introductory APR for 6 months. After that, your APR will be 11.99% variable for Elite* Corporate VISA Accounts; 15.99% for Premier* Corporate VISA Accounts based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
Variable Rate Information	Your APR may vary. The non-introductory rate for purchases, cash advances, and balance transfers is determined monthly by adding 6.99% for Elite Corporate VISA Accounts or 10.99% for Premier Corporate VISA Accounts to the highest U.S. Prime Rate published in <i>The Wall Street Journal</i> on the 10th day (or prior business day) of the prior month.
Penalty APR and When it Applies	None
Paying Interest	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. We will begin charging interest on cash advances and balance transfers on the transaction date.
Minimum Interest Charge	None
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 http://www.consumerfinance.gov/learnmore .

FEES

Annual Fees	None
Transaction Fees: • Balance Transfer • Cash Advance • Foreign Transaction	None Either \$4 or 4% of the amount of each cash advance, whichever is greater. 1% of each transaction in U.S. dollars.
Penalty Fees: • Late Payment: • Over the Credit Limit: • Returned Payment:	\$29 \$29 \$29

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). See your account agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

*Your application is a request for an account with either Elite or Premier Pricing. We will first consider you for the pricing with the lowest rates. We determine your APR based on a review of your application and credit history.

DATED SIGNATURES (Required)

Company, by the authorized individual(s) signing below, represents and warrants Arvest Bank, Fayetteville, Arkansas ("Issuer") that Company is legally obligated to pay for Purchases, Cash Advances and all Other Charges incurred by those employees given a VISA Corporate Card. Subject to applicable law, Company will be liable and obligated to pay for all Purchases and Cash Advances made by use of the Cards, whether or not such use was authorized or unauthorized, and whether or not there was actual, implied, or apparent authority for such use. Company hereby acknowledges that the use of each Card is governed by the terms and conditions of the Cardholder Agreement and Disclosure Statement, as it may be amended from time to time (the "Agreement"), a copy of which shall be delivered with each Card authorized hereunder. The Card(s) is/are issued by Issuer, through its processing subsidiary, Security BankCard Center, Inc. **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. MUST BE AT LEAST 18 YEARS OLD AND A U.S. RESIDENT TO APPLY.**

Capitalized terms not otherwise defined herein shall have the same meaning as specified in the Agreement.

Authorized Signature (Dated Signatures Required)	Title	Date
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PERSONAL GUARANTY OF COMPANY'S OBLIGATIONS

In order to induce Arvest Bank, Fayetteville, Arkansas ("Bank") to issue credit to Company under the terms and conditions of this Application and the Agreement, the undersigned (jointly and severally, if more than one), a principal shareholder or equity holder of Company, hereby guarantee(s), absolutely and unconditionally, to Bank the payment of all sums due to Bank, whether at stated maturity or otherwise, and whether for principal, interest, fees, expenses (including reasonable attorneys' fees), under the terms of the Agreement and each Card issued pursuant thereto (the "Guaranty"). This Guaranty is a continuing guaranty and shall remain in full force and effect until (a) the Agreement is terminated, and (b) Bank is paid in full thereunder. This Guaranty is binding on the undersigned and each of the undersigned's heirs, executors, administrators, legal representatives, successor and assigns.

The undersigned specifically agrees that it shall not be necessary or required that Bank exercise any right, assert any claim or demand or enforce any remedy whatsoever against Company or any other undersigned before or as a condition to the obligations of such undersigned hereunder. No delay on the part of Bank in exercising any rights hereunder, or failure to exercise the same, shall operate as a waiver of such right, and, in no event shall any modification or waiver of the provisions of this Guaranty be effective unless in writing and signed by an authorized officer of Bank. This Guaranty sets forth the entire understanding of the parties with respect to the subject matter herein contained, and the undersigned waives the right to assert defenses, setoffs and counterclaims in any litigation relating hereto. This Guaranty shall be governed by and construed in accordance with the laws of the State of Oklahoma.

The undersigned hereby authorizes Bank to setoff without notice all sums owed by Company against any of Company's or undersigned's accounts at Bank and further grants Bank a security interest in all such accounts. Further, the undersigned authorizes Bank to make or cause to be made such credit investigations as it deems necessary or appropriate to evaluate the credit, personal or financial standing and employment of such undersigned as guarantor of the Company's obligations under the Card and to share its credit experiences with Company and such guarantor with other creditors and credit reporting agencies. The undersigned hereby acknowledges that the use of each Card is governed by the terms and conditions of the Agreement, as it may be amended from time to time.

Signature(s) of Guarantor(s)	Printed Name(s)	% Ownership	Date
Signature(s) of Guarantor(s)	Printed Name(s)	% Ownership	Date

All business owners with 25% ownership or greater are required to sign the above Personal Guaranty.

ACCOUNTS FOR INDIVIDUAL EMPLOYEES TO RECEIVE CARDS

Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend
Employee Name	Anticipated Annual Spend

COMPANY CONTACTS

The person(s) authorized to give additional business information regarding the Corporate Card for this company is/are:

Authorized Representative's Name *(Please print or type)*

Representative's Phone Number

Email Address

Authorized Representative's Name *(Please print or type)*

Representative's Phone Number

Email Address

Authorized Representative's Name *(Please print or type)*

Representative's Phone Number

Email Address

CREDIT CARD USE ONLY

App. by	Date	Account #
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No. Cards	Cr Limit	DTI	SCR
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BANK USE ONLY

Associate Name

Associate ID#

Bank/Branch Stamp