



# INSTRUCTIONS FOR COMPLETING A VISA® SIGNATURE BUSINESS REWARDS CREDIT CARD APPLICATION

**Please keep this page for your records.**

Your financial institution has entered into an agreement with UMB Bank, n.a., to underwrite and issue business credit cards on its behalf. UMB Bank will be the creditor on the account. By completing this application, you are applying to UMB Bank, n.a. for a business credit card. UMB may share information about your account with your financial institution.

## SUPPORTING DOCUMENTATION REQUIREMENTS:

1. Company Credit Limit requests greater than \$10,000 for an Applicant that was formed/has been in business less than two (2) years ago will require copies of the two (2) most recent year-end Federal Tax returns from each person who owns 20% or more of the business.
2. Company Credit Limit requests greater than \$20,000 and applications from non-profit entities and retailers require the two (2) most recent year-end balance sheet and income statements or Federal Tax returns for the entity.
3. All businesses that operate using a legal entity (corporations, LLCs, partnerships, or any other entities created by a legal document) must complete a Certificate of Beneficial Ownership, which is separate from the Visa Signature Business Rewards Credit Card Application. All owners owning 25% or more of the business are required to complete the Beneficial Ownership form and supply a copy of their driver's license or passport. In addition, a single individual with 'significant management responsibility' for the business is required to fill out the applicable section of the Beneficial Ownership form and supply a copy of his or her driver's license or passport and sign and date the form, regardless of the ownership structure of the legal entity.

## GUIDELINES FOR COMPLETION:

These guidelines are designed to assist you in submitting a Visa Signature Business Rewards Credit Card Application. Following these guidelines will help expedite our review of your Application.

1. The Application must be complete. Any omission of requested information may result in the Application being delayed or declined. For example, please be specific when listing the nature of your business. (E.g. Detailed Description of Business: Manufacturing, Metal Pipe).
2. Most "For Profit" small business entities will require a personal guaranty, which is included on Page 3 of the Application. (NOTE: Government entities are not required to provide a personal guaranty).
3. A resolution for the credit card borrowing from the Applicant is required for all borrowers. The Application includes our recommended form of Organization Resolution and Agreement on Page 4. This resolution identifies the Program Coordinator that the Applicant will appoint, and is signed by individuals authorized to certify that the Application and Resolution have been signed by appropriate personnel on behalf of the Applicant.
4. If you require more than five (5) business credit cards, please use an Excel spreadsheet to list each cardholder's name, title, last four (4) digits of the cardholder's social security number, birth date (MM/DD/YYYY) and the Business Card Credit Limit you would like to establish for that person. At the bottom of the Excel document, clearly identify the business name, the names of all 20% or more owners, and have each owner sign by their respective name. Submit the Excel document with your completed Application.
5. All Applicants must submit a Bank Reference, which is to be completed by your Primary Bank. The Bank Reference form is included as **ATTACHMENT B TO APPLICATION FOR BUSINESS CREDIT CARD - BANK REFERENCE**.
6. You may submit your completed Application:
  - By fax. Please fax to 816.860.3152
  - By email. Please email to [Bankcardcredit.commercial@umb.com](mailto:Bankcardcredit.commercial@umb.com)
7. Questions or inquiries regarding the Application may be directed to [Bankcardcredit.commercial@umb.com](mailto:Bankcardcredit.commercial@umb.com).

## OTHER IMPORTANT INFORMATION:

1. We do not offer a revolving payment option when your Company Credit Limit is greater than \$25,000.
2. If your business is approved for a Company Credit Limit greater than \$50,000, you will be required to provide annual financial reports (income statement and balance sheet) each year after approval.
3. The turnaround time for businesses requiring a Company Credit Limit less than or equal to \$50,000 generally runs up to 10 business days from the receipt of a completed Application. The review of applications requesting a Company Credit Limit greater than \$50,000 may take up to 20 business days.
4. Contact [Bankcardcredit.commercial@umb.com](mailto:Bankcardcredit.commercial@umb.com) to check the status of your Application.

INTEREST RATES AND CHARGES

<b>Annual Percentage Rate (“APR”) for Purchases</b>	<b>0.00%</b> introductory APR for 9 months. After that, your APR will be <b>19.24%</b> (quote based on the Prime Rate currently in effect). This APR will vary with the market based on the Prime Rate, as explained below.
<b>Annual Percentage Rate (“APR”) for Cash Advances &amp; Overdraft Protection</b>	<b>26.24%</b> (quote based on the Prime Rate currently in effect). This APR will vary with the market based on the Prime Rate, as explained below.
<b>Variable Rate Information</b>	The APR for Purchases is determined monthly by adding <b>10.74%</b> to the Prime Rate. The APR for Cash Advances is determined monthly by adding <b>17.74%</b> to the Prime Rate. The Prime Rate will never be less than <b>5.25%</b> . See explanation below. <sup>1</sup>
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is 24-30 days after the close of each billing cycle. We will not charge you interest on Purchases if you pay your entire balance by the due date each month
<b>Monthly Payment Amount</b>	On or before the Payment Due Date shown on each Monthly Statement, the Company must pay at least the Minimum Payment shown. The Minimum Payment will be either the entire New Balance (including any Past Due Amount), or an amount equal to 5% of the New Balance with a minimum payment of \$50. Payment in full is required if your Company Credit Limit is greater than \$25,000.
<b>Minimum Interest Charge</b>	Fifty cents (\$0.50)
<b>Annual Fee</b>	None
<b>Transaction Fees</b>	<p><b>Late Payment Fee:</b> Up to \$38.</p> <p><b>Cash Advance Fee:</b> 3% of Cash Advance amount, with a \$15 minimum, no maximum on the amount of the fee.</p> <p><b>Over Limit Fee:</b> None</p> <p><b>Returned Payment Fee:</b> \$35 if a check or ACH payment on your account is returned for insufficient funds.</p> <p><b>Foreign Transaction Fee:</b> 2% of the U.S. dollar amount of each Purchase or Cash Advance.</p>

**How We Will Calculate Your Balance:** We use a method called the “average daily balance (including new purchases).”

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your Cardmember Agreement.

<sup>1</sup> The Prime Rate used to determine the APR for Purchases and for Cash Advances is the highest Prime Rate published in The Wall Street Journal on the fifteenth (15th) day of each month, or the next business day if the 15th falls on a weekday or holiday. However, the Prime Rate used to determine the APR for Purchases and for Cash Advances will never be less than 5.25%. The periodic rate finance charge for Purchase Advances and Cash Advances will not exceed a 32.00% Annual Percentage Rate for this account.

**Cardholder Agreement.** For additional information about the costs and terms of the Account, see Issuer’s Cardholder Agreement, which will be sent with the Card. The Cardholder Agreement and the Account will be governed by Missouri and applicable federal law, but Issuer will rely on the provisions of Nebraska law with respect to the fees and charges (other than interest) that apply to your Account, as authorized by Missouri Revised Statutes Section 408.145. The Cardholder Agreement permits the Issuer to change the terms of this Account, including the rates, fees and other credit terms, upon notice to the cardholder and subject to the provisions of applicable law.

**IMPORTANT:** The information about the costs of the cards described above is accurate as of September 1, 2023, the date this document was most recently revised. This information may have changed after that date. To find out what may have changed, write to us at Card Services, Post Office Box 410436, Kansas City, Missouri 64141-0436 or call 888-494-5141.



VISA® SIGNATURE BUSINESS REWARDS CREDIT CARD APPLICATION  
 Incomplete information may cause delays. Please complete in full.

FOR INTERNAL USE ONLY

**It's easy to Apply.** You may fax your completed application to 816.860.3152 or email it to bankcardcredit.commercial@umb.com.  
**NOTE:** In accordance with the USA PATRIOT Act, we ask for certain information about you for the purpose of verifying your identity. Please ask a Bank Representative for details.

**When you apply, you make the agreements and representations included on Pages 2 and 3 of this application. Sign on Page 3.**

Your financial institution has entered into an agreement with UMB Bank, n.a., to underwrite and issue business credit cards on its behalf. UMB Bank will be the creditor on the account. By completing this application, you are applying to UMB Bank, n.a. for a business credit card. UMB may share information about your account with your financial institution.

Associate Name \_\_\_\_\_  
 Branch Number \_\_\_\_\_ ID Number \_\_\_\_\_  
 CPC \_\_\_\_\_ TPC \_\_\_\_\_ Branch Code \_\_\_\_\_

BUSINESS INFORMATION (ALL APPLICANTS)

Legal Business Name \_\_\_\_\_ Federal Tax ID Number (9 Character Limit) \_\_\_\_\_  
 Physical Business Address (do not use P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address (if different from Physical Address, above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Website Address (URL) \_\_\_\_\_ Number of Employees \_\_\_\_\_ Number of Locations \_\_\_\_\_ Business Phone Number \_\_\_\_\_  
 Current Owner Since \_\_\_\_\_ Date Business Established (MM/DD/YYYY) \_\_\_\_\_ State Business Established \_\_\_\_\_  
 Detailed Description of Business  
 Corporation  Subchapter S Corp.  Limited Partnership  General Partnership  LLC  Sole Proprietor  Non-Profit  Government  
 Business Name to Appear on Cards (19 Character Limit, Including Spaces) \_\_\_\_\_

BUSINESS FINANCIAL INFORMATION (ALL APPLICANTS)

Primary Bank \_\_\_\_\_ Average Checking Account Balance \_\_\_\_\_ Total Business Assets \_\_\_\_\_ Total Business Liabilities \_\_\_\_\_  
 Gross Annual Sales Revenue (Last Fiscal Year) \_\_\_\_\_ Net Profit (Last Fiscal Year) \_\_\_\_\_ Total Monthly Loan Payments \_\_\_\_\_ Total Business Net Worth \_\_\_\_\_  
 Has Applicant operated at a loss for any of the last three years?  Yes  No If Yes: \_\_\_\_\_ Applicable Year(s) \_\_\_\_\_  
 Does Applicant or any Owner owe any taxes from prior years?  Yes  No If Yes: \_\_\_\_\_ Applicable Year(s) \_\_\_\_\_  
 Has Applicant or any Owner declared bankruptcy?  Yes  No If Yes, describe on a separate sheet,  attached.  
 Is Applicant or any Owner currently involved in a lawsuit?  Yes  No If Yes, describe on a separate sheet,  attached.

PERSONAL INFORMATION - BUSINESS OWNERS WITH 20% OR MORE, AUTHORIZED OFFICERS AND GUARANTORS (ALL APPLICANTS)

Please provide the requested information for business owners who own 20% or more of the business. Shaded fields are not required for authorized officers of government entities. All named below must also sign this application on Page 3. If more than two individuals,  attached on Attachment A

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Position \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(no P.O. Boxes)  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Owner Since \_\_\_\_\_  
 Business Ownership % \_\_\_\_\_ Annual Salary \_\_\_\_\_ Other Income\* \_\_\_\_\_ Total Personal Net Worth \_\_\_\_\_  
 Residence  Rent  Own Monthly Payment \_\_\_\_\_  
\*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.  
 Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Position \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(no P.O. Boxes)  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Owner Since \_\_\_\_\_  
 Business Ownership % \_\_\_\_\_ Annual Salary \_\_\_\_\_ Other Income\* \_\_\_\_\_ Total Personal Net Worth \_\_\_\_\_  
 Residence  Rent  Own Monthly Payment \_\_\_\_\_  
\*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.



Incomplete information may cause delays. Please complete in full.

ACCOUNT OPTIONS AND CARDHOLDER SET-UP (ALL APPLICANTS)

Company Credit Limit Requested: \_\_\_\_\_

Payment Options:

- Revolving Balance** Select if you wish to revolve your balance from month to month.  
(When selecting this option, your Company Credit Limit Requested must be \$25k or less)
- Pay in Full** Select if you wish to pay your balance in full each month.  
(This option is required when your Company Credit Limit Requested is greater than \$25k)

Billing Options:

- Consolidated Billing** (Applicant will receive one bill and make one payment for business cards issued.  
Rewards points are shown on the Company’s Control Account Statement. See Rewards Program Rules for complete details.)
- Individual Billing** (Each Individual cardholder will receive a separate bill. Rewards points are shown on each individual Account Statement.  
See Rewards Program Rules for complete details.)

NOTE: If you select Individual Billing, the Applicant remains liable for all credit extended.

NAMES OF INDIVIDUALS TO BE ISSUED CARDS (Please attach an Excel document including the below requested information if more than five individuals.  Attached)

Name of Employee / Agent (Print Only) (21 Character Limit, Including Spaces)	Title	Last Four Digits of SSN	Date of Birth (MM/DD/YYYY)	Individual Card Limit (\$)

INTENT OF THIS APPLICATION (ALL APPLICANTS)

**INTENT OF APPLICATION.** The business entity (the “Applicant”) identified on Page 1 of this Application hereby requests UMB Bank, n.a., Kansas City, Missouri, or its successors or assigns (“UMB”) to establish a credit card line of credit for the Applicant pursuant to which UMB will open one or more credit card accounts (“Account(s)”) in the name of the Applicant and will issue one or more commercial credit cards or card numbers (each a “Card”) to the Applicant and/or the employees or agents of the Applicant (collectively “Employees”) to be used for Applicant-related business, commercial, governmental or agricultural purposes. Each person who signs below represents that he or she is duly authorized to sign this Application and to bind the Applicant to the Applicant’s Agreement Concerning Card Issuance, as set forth below.

**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.



**Incomplete information may cause delays. Please complete in full.**

**APPLICANT'S AGREEMENTS CONCERNING CARD ISSUANCE (ALL APPLICANTS)**

**APPLICANT'S AGREEMENTS CONCERNING CARD ISSUANCE.** If UMB approves Applicant's request, UMB will inform the Applicant of the amount of the Applicant's credit card line of credit. UMB will rely on the information provided in this Application and any attached sheets regarding (a) the number of Accounts to open; (b) the requested credit limit for each Account or Card; (c) the identity of Employees whose names are to be printed on Cards, in addition to the Applicant's name; (d) where to send copies of the monthly statements for each Account; and (e) other pertinent information. UMB will then issue Cards in accordance with the credit established for the Applicant. Subsequently, the Applicant must give UMB the same information for additional Employees who will be authorized to use Cards, and must give UMB written notice of requested changes in credit limits for Cards, and of termination by the Applicant of an Employee's authorization to use a Card. UMB will not be obligated to recognize changes, additions, deletions or other information contained in a notice until after it has received the notice and has had a reasonable period of time thereafter to act thereon. Upon the issuance of Cards, as set forth herein, (i) the Applicant, by using or authorizing Employees to use Cards, will be deemed to be in agreement, and will comply with all of the terms and conditions stated in the Cardholder Agreement that will be mailed with the Cards; (ii) the Applicant will instruct Employees who use Cards to use them in accordance with the Cardholder Agreement; (iii) the Applicant will pay when due all charges made to each Account; (iv) UMB may answer questions and give information to others concerning UMB's credit experience with the Applicant. The Applicant agrees that information concerning the Account(s) and Card may be shared from time to time between UMB and the financial institution associated with the card.

The Applicant authorizes UMB to investigate the Applicant's creditworthiness and payment history and to otherwise verify the information contained in this form. The Applicant certifies that all information contained in this form is true and correct.

**REQUIRED NOTICE (ALL APPLICANTS)**

**REQUIRED NOTICE.** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.

**OFFICER / OWNER'S REPRESENTATIONS (ALL APPLICANTS)**

**OFFICER / OWNER REPRESENTATIONS.** Each Owner/Officer of the Applicant signing below certifies that: (1) the information provided in this Application with respect to the Applicant (including any attachments or supplemental documentation provided in connection with this Application) is true, correct and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this Application on behalf of the Applicant; (4) **UMB is hereby authorized, from time to time at its discretion, to verify the credit history of Company and employment history of each person signing this Application as a Business Owner, Authorizing Officer or Guarantor. UMB may answer questions about Bank's credit experience with Applicant and each such person.**

**OFFICER / OWNER'S REPRESENTATIONS (ALL EXCEPT GOVERNMENT APPLICANTS)**

**OFFICER / OWNER REPRESENTATIONS.** OFFICER / OWNER REPRESENTATIONS. UMB is hereby authorized, from time to time at its discretion, to check the personal credit of each person signing this application as a Business Owner, Authorizing Officer or Guarantor.

**GUARANTY (ALL BUSINESS OWNERS WITH 20% OR MORE AND AUTHORIZED OFFICERS, EXCEPT GOVERNMENT APPLICANTS)**

**GUARANTY.** Each person signing below (a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to UMB Bank, n.a. ("UMB") all indebtedness of the Applicant, identified on Page 1 of this Application, at any time arising under or relating to any credit requested through this Visa Signature Business Rewards Credit Card Application, as well as any extensions, increases or renewals of that indebtedness. Each Guarantor waives (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Applicant or other Guarantor, and (iii) the right to require UMB to proceed against the Applicant or any other Guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify Guarantor of any additional indebtedness incurred by the Applicant, or any changes in the Applicant's financial condition. Each Guarantor also authorizes UMB, without notice or prior consent, to (i) extend, modify compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii) proceed against one or more Guarantors without proceeding against the Applicant or another Guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. Each Guarantor agrees (i) to pay UMB's costs and attorney's fees in enforcing this guaranty; (ii) this guaranty shall benefit UMB and its successors and assigns; and (iii) an electronic or facsimile of Guarantor's signature, in any capacity, may be used as evidence of Guarantor's agreement to the terms of this guaranty. This is a guaranty of payment and not of collection and the Guarantor's liability hereunder shall be primary, direct and immediate. This Guaranty shall be governed by and construed in accordance with the laws of the State of Missouri.

*If you are executing this document through an electronic document signature system, you represent that you have read, understood and consented to UMB's Consent to Use of Electronic Signatures and Records and agree any electronic signature of this document constitutes an affirmation of the information provided herein and agreement to the terms of this document.*

**SIGNATURES OF INDIVIDUALS IDENTIFIED IN THE PERSONAL INFORMATION SECTION ON PAGE 1 OF THIS APPLICATION, INCLUDING ATTACHMENT A**

By \_\_\_\_\_ Printed Name \_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature as Authorizing Officer of Company and as Guarantor, if applicable MM/DD/YYYY

By \_\_\_\_\_ Printed Name \_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature as Authorizing Officer of Company and as Guarantor, if applicable MM/DD/YYYY



# ORGANIZATION RESOLUTION AND AGREEMENT FOR CREDIT CARD PROGRAM

(All Applicants)

\_\_\_\_\_, who is the undersigned Recordkeeper for \_\_\_\_\_, (the "Organization"),

a \_\_\_\_\_ (type of entity) organized under the laws of \_\_\_\_\_ (state), does hereby certify:

1. That he/she is the Secretary or Assistant Secretary, or an officer, partner, owner, principal, manager, member or other person having lawful custody of the official records of the above Organization (the "Recordkeeper") and is authorized to provide this document to UMB Bank, n.a. ("Bank").

2. That at a meeting of the governing body of the Organization duly held on \_\_\_\_\_ (date) (MM/DD/YYYY) and at which a quorum was present and acting throughout, or pursuant to the unanimous written consent of its members, the following Resolution and Agreement was duly adopted and approved and is currently in full force and effect, and has not been amended or rescinded:

RESOLVED, that a credit card line of credit for this Organization be established by the Program Coordinator named in the section immediately below with UMB Bank, n.a., and that separate accounts and credit cards ("Cards") under said line be opened and issued by Bank in the name of this Organization for use by employees and agents of this Organization who are identified from time to time by the Program Coordinator, or by any successor to the Program Coordinator identified from time to time by the Recordkeeper (or by the successor to the Recordkeeper), and that the Organization authorizes the use of the Cards in accordance with the Cardholder Agreement that is sent by Bank with the Cards; and

RESOLVED FURTHER, that \_\_\_\_\_ is the Program Coordinator referred to in the above section of this Resolution, and that the Program Coordinator or any successor to the Program Coordinator designated in writing by the Recordkeeper (or by a successor Recordkeeper) may from time to time: request that Cards be issued in the name of this Organization; request that the credit limits and purchase controls be changed on existing Cards issued in the name of this Organization; designate additional persons authorized to use Cards issued by Bank in the name of this Organization; request termination of use of existing Cards; and communicate other pertinent information to Bank; and

RESOLVED FURTHER, that the forgoing resolution shall remain in full force and effect until written notice of an amendment or rescission thereof is delivered to and received for by Bank; and

RESOLVED FURTHER, that the Recordkeeper be and he/she is hereby authorized and directed to certify to Bank this resolution and that the Recordkeeper signing this Resolution and Agreement or any person designated in writing by the Recordkeeper, is authorized to certify to the Bank the names and signatures of persons authorized to act on behalf of the Organization under the foregoing Resolution and Agreement, and from time to time hereafter, as additions to or changes in the identity of said Recordkeeper are made, such Recordkeeper or designee shall immediately report, furnish and certify such changes to the Bank, and shall submit to Bank a new incumbency certificate or other document reflecting such changes in order to make such changes effective; and

RESOLVED FURTHER, that the foregoing resolution was adopted in accordance with the governing documents of the Organization, and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, the undersigned Recordkeeper has subscribed his or her name and, if appropriate or required, applied the seal of the Organization to this Resolution and Agreement as of this date (MM/DD/YYYY) \_\_\_\_\_.

*If you are executing this document through an electronic document signature system, you represent that you have read, understood and consented to UMB's Consent to Use of Electronic Signatures and Records and agree any electronic signature of this document constitutes an affirmation of the information provided herein and agreement to the terms of this document.*

## RECORDKEEPER

Signature by Secretary, Assistant Secretary, or other Person certifying to this Resolution and Agreement

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Title (print) \_\_\_\_\_

## ADDITIONAL OFFICER

Signature by Second Person, certifying to incumbency of Recordkeeper

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Title (print) \_\_\_\_\_

## Affix Seal, if required by Organization's governing documents.

### Guidelines for Completion for Customers that are U.S. legal entities:

- Corporation: The Recordkeeper signing above should be the corporate secretary or assistant secretary. The second person may be the Chairman, President, CEO, a Board member, the Treasurer or the CFO.
- Partnership, Limited Liability Partnership, Limited Liability Company, or Sole Proprietor: All general partners, all members, or the sole proprietor must sign this form, unless Organization's governing documents specify that a manager, managing general partner or other person may act. In any event, a second general partner or member must sign in the second place. Sole proprietors do not require a second signature.
- Governmental Entity: The Treasurer must sign in the first place, unless the Organization's charter specifies otherwise. The entity's Chairperson, Vice Chairperson, or Counsel must sign in the second place.



# CERTIFICATION OF BENEFICIAL OWNERS FOR LEGAL ENTITY CLIENTS

**This form is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.**

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. 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 of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

**Please provide a copy of the driver’s license (U.S. individuals only) or other identification document (passport or similar identification document in the case of a foreign individual) for each beneficial owner and for the authorized individual with significant management responsibility as identified in this form.**

## LEGAL ENTITY INFORMATION (If you are unable to complete this form electronically, please print legibly in blue or black ink.)

Entity Name		Entity’s Federal Tax ID (9 Character Limit)	
Entity’s Physical Street Address	City	State	Zip Code
Legal Name of Individual Establishing UMB Relationship	Title of Individual Establishing UMB Relationship		

## BENEFICIAL OWNERS

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

Check this box if no individual owns 25% or more of the legal entity and that you will inform UMB if/when an individual assumes 25% or more ownership.

**Beneficial Owner 1**  Check this box if this owner is also the authorized individual with significant management responsibility.

Individual Legal Name			
Personal Residential Street Address	City	State	Zip Code
Country	Social Security Number	Date of Birth (MM/DD/YYYY)	
Driver’s License Number (U.S. Citizens only)	Driver’s License State of Issuance	Driver’s License Expiration Date (MM/DD/YYYY)	
Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date (MM/DD/YYYY)	

**Beneficial Owner 2**  Check this box if this owner is also the authorized individual with significant management responsibility.

Individual Legal Name			
Personal Residential Street Address	City	State	Zip Code
Country	Social Security Number	Date of Birth (MM/DD/YYYY)	
Driver’s License Number (U.S. Citizens only)	Driver’s License State of Issuance	Driver’s License Expiration Date (MM/DD/YYYY)	
Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date (MM/DD/YYYY)	



# CERTIFICATION OF BENEFICIAL OWNERS FOR LEGAL ENTITY CLIENTS

CONTINUED

**Beneficial Owner 3**  Check this box if this owner is also the authorized individual with significant management responsibility.

Individual Legal Name			
Personal Residential Street Address	City	State	Zip Code
Country	Social Security Number	Date of Birth (MM/DD/YYYY)	
Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date (MM/DD/YYYY)	
Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date (MM/DD/YYYY)	

**Beneficial Owner 4**  Check this box if this owner is also the authorized individual with significant management responsibility.

Individual Legal Name			
Personal Residential Street Address	City	State	Zip Code
Country	Social Security Number	Date of Birth (MM/DD/YYYY)	
Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date (MM/DD/YYYY)	
Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date (MM/DD/YYYY)	

## AUTHORIZED INDIVIDUAL WITH SIGNIFICANT MANAGEMENT RESPONSIBILITY

Provide information for **one** individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.). **If this individual is noted as an owner above, only the name and title are required.**

Individual Legal Name		Position Title	
Personal Residential Street Address	City	State	Zip Code
Country	Social Security Number	Date of Birth (MM/DD/YYYY)	
Driver's License Number (U.S. Citizens only)	Driver's License State of Issuance	Driver's License Expiration Date (MM/DD/YYYY)	
Passport Number (Required for Non-U.S. Citizens; Alternate ID Option for U.S. Citizens)	Passport Country of Issuance	Passport Expiration Date (MM/DD/YYYY)	

*If you are executing this document through an electronic document signature system, you represent that you have read, understood and consented to UMB's Consent to Use of Electronic Signatures and Records and agree any electronic signature of this document constitutes an affirmation of the information provided herein and agreement to the terms of this document.*

I hereby certify to the best of my knowledge that the information provided above is complete and correct.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date Signed \_\_\_\_\_  
MM/DD/YYYY

FOR INTERNAL USE ONLY: Confirmation of no changes. Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
MM/DD/YYYY





ATTACHMENT A TO APPLICATION FOR BUSINESS CREDIT CARD - ADDITIONAL BUSINESS OWNERS

Incomplete information may cause delays. Please complete Attachment A if necessary and submit with your completed application.

NOTE: In accordance with the USA PATRIOT Act, we ask for certain information about you for the purpose of verifying your identity. Please ask a Bank Representative for details.

Legal Business Name d/b/a Business Name (if applicable) Federal Tax ID Number (9 Characters)

REQUIRED NOTICE (ALL APPLICANTS)

REQUIRED NOTICE. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age...

OFFICER / OWNER'S REPRESENTATIONS (ALL APPLICANTS)

OFFICER / OWNER REPRESENTATIONS. Each Owner/Officer of the Applicant signing below certifies that: (1) the information provided in this Application with respect to the Applicant...

OFFICER / OWNER'S REPRESENTATIONS (ALL EXCEPT GOVERNMENT APPLICANTS)

OFFICER / OWNER REPRESENTATIONS. UMB is hereby authorized, from time to time at its discretion, to check the personal credit of each person signing this application as a Business Owner, Authorizing Officer or Guarantor.

GUARANTY (ALL BUSINESS OWNERS WITH 20% OR MORE AND AUTHORIZED OFFICERS, EXCEPT GOVERNMENT APPLICANTS)

GUARANTY. Each person signing below (a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to UMB Bank, n.a. ("UMB") all indebtedness of the Applicant...

PERSONAL INFORMATION AND SIGNATURES - ADDITIONAL BUSINESS OWNERS WITH 20% OR MORE, AUTHORIZED OFFICERS AND GUARANTORS (ALL APPLICANTS)

Please provide the requested information for business owners who own 20% or more of the business and whom were not named on Page 1 of this application under the Personal Information section. Shaded fields are not required for authorized officers of government entities. All named below must also sign and date.

Please complete if additional owners / authorized officers / guarantors must be represented.

Name Social Security Number Position Date of Birth MM/DD/YYYY

Address (no P.O. Boxes) City State Zip Code

Email Phone Owner Since

Business Ownership % Annual Salary Other Income\* Total Personal Net Worth

Residence Rent Own Monthly Payment \*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.

By Signature as Authorizing Officer of Company and as Guarantor, if applicable Printed Name Date Signed MM/DD/YYYY

Name Social Security Number Position Date of Birth MM/DD/YYYY

Address (no P.O. Boxes) City State Zip Code

Email Phone Owner Since

Business Ownership % Annual Salary Other Income\* Total Personal Net Worth

Residence Rent Own Monthly Payment \*Alimony, child support, or separate maintenance income need not be disclosed if you do not wish it to be considered as basis for repaying your obligations to us.

By Signature as Authorizing Officer of Company and as Guarantor, if applicable Printed Name Date Signed MM/DD/YYYY

## ATTACHMENT B TO APPLICATION FOR BUSINESS CREDIT CARD - BANK REFERENCE

**Directions to Applicant:** Please complete the top half of this form, sign it, and bring it to your Primary Bank. Ask your Bank to complete the Bank Reference section and have them return this document directly to UMB Bank, n.a. This document is required to complete your Business Credit Card Application to UMB Bank.

Legal Business Name \_\_\_\_\_ Federal Tax Number \_\_\_\_\_ Date \_\_\_\_\_

Primary Bank Name \_\_\_\_\_ Bank Contact \_\_\_\_\_

Bank Contact Phone \_\_\_\_\_ Bank Contact Email \_\_\_\_\_

Bank Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

By signing below, the Applicant authorizes and directs the above referenced Bank to provide a credit reference to UMB Bank, n.a. in the form requested below. The Applicant agrees to indemnify and hold the Bank providing this reference harmless from all claims, costs and damages, including reasonable attorney's fees that the Bank may incur as a result of acting on Company's request.

By \_\_\_\_\_ Printed Name \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Signature of Authorized Signer for Company

### BANK REFERENCE SECTION

The remaining portion of this form is to be completed by the above named Primary Bank.

The completed Bank Reference Form should be sent directly from the Primary Bank to UMB Bank n.a. by:

- Fax 816.860.3152
- Email [bankcardcredit.commercial@umb.com](mailto:bankcardcredit.commercial@umb.com)

### DEPOSIT ACCOUNTS

	Account Opening Date	Account Rating	Average Monthly Balance
Checking Account			
Savings Account			
Certificate of Deposit			
Money Market Account			
Other Account			

### LOANS, LINES AND/OR CARDS

Account Type	Open Date	High Balance	Terms	Balance	Security	Rating

By \_\_\_\_\_ Printed Name \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Signature of Authorized Bank Officer