

# Business Rewards Visa® Credit Card.

Created for businesses in our community.



## REWARD POINTS

Earn one point per dollar on net purchases. There's no cap on the amount of points you can earn.<sup>2</sup>



## EMPLOYEE CARDS

At No Added Cost



## COMPETITIVE RATES

No Annual Fee and 0% Intro APR on purchases and balance transfers for 6 months<sup>1</sup>



## TRAVEL BENEFITS

Provides you with protection while traveling



## CHIP CARD SECURITY AND ZERO FRAUD LIABILITY



## 24/7 PERSONAL SERVICE LOCATED IN THE U.S.

## Apply for our Business Card today!

1.

Please print ALL PAGES of this document. Once completed, please sign and mail the application.

2.

Mail to:  
NEW ACCOUNTS CENTER  
P.O. BOX 105666  
ATLANTA, GA 30348-5666

3.

You can use the provided pre-paid Business Reply Envelope. Follow the supplied directions to prevent papers from separating during transit. Remember to tape envelope closed.

4.

Applicant should keep the Business Card Pricing Information for the terms, rates or fees associated with this program.



HOMETOWN CONVENIENCE | WORLDWIDE ACCEPTANCE | GREAT BENEFITS

<sup>1</sup>See Business Card Pricing Information for current terms, rates and fees.  
This card is issued by TCM Bank, N.A. Subject to credit approval.

<sup>2</sup>In order to access rewards, your account must be open and in good standing.



First Citizens Bank

# Business Rewards

See terms, rates, and fees in the **Important Disclosures.**

Anti-Terrorism: 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. To process the application, we must have your name, street address, date of birth and other identifying information, and may ask for identifying documents from you as well.

## Information About the Business

Legal Name of the Business				Company Name (DBA Name)	
Business Street Address <i>(If mailing address is different, please provide it on second page.)</i>				Suite Number	
City		State		Zip Code	
Business Phone Number			Business Website		
Contact Person		Phone Number		Email Address	
Federal Tax Identification Number			Service Provided/Nature of Business		
\$	Annual Business Revenue	Number of Years in Business Under Current Owner	Number of Employees	State of Legal Formation	Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____

All holders of twenty percent (20%) or more ownership in a company or partnership must complete the information below.

### Principal 1

You **MUST** initial here if you are applying with Principal 2. I intend to apply for joint credit \_\_\_\_\_

For purposes of Regulation O, please indicate whether you're an Insider of TCM Bank, N.A.<sup>4</sup>  Yes  No

First Name		Middle Initial	Last Name		<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Business Title
Home Street Address		Unit Number		Monthly Payment		
City		State		Zip Code		
Social Security Number		Date of Birth (MM/DD/YYYY)		Mother's Maiden Name		
Home Phone Number	Work Phone Number		Cell Phone Number	% of Ownership	Monthly Income <sup>3</sup>	
Value of your financial assets (retirement accounts, investments, etc.)		<input type="checkbox"/> \$0 - \$4,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> More than \$250,000	
		<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$100,000 - \$249,999		

### Principal 2

You **MUST** initial here if you are applying with Principal 1. I intend to apply for joint credit \_\_\_\_\_

For purposes of Regulation O, please indicate whether you're an Insider of TCM Bank, N.A.<sup>4</sup>  Yes  No

First Name		Middle Initial	Last Name		<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Business Title
Home Street Address		Unit Number		Monthly Payment		
City		State		Zip Code		
Social Security Number		Date of Birth (MM/DD/YYYY)		Mother's Maiden Name		
Home Phone Number	Work Phone Number		Cell Phone Number	% of Ownership	Monthly Income <sup>3</sup>	
Value of your financial assets (retirement accounts, investments, etc.)		<input type="checkbox"/> \$0 - \$4,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> More than \$250,000	
		<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$100,000 - \$249,999		

<sup>3</sup> Alimony, child support, or separate maintenance income need not be provided if you do not wish it to be considered as a basis for repaying this obligation.

<sup>4</sup> TCM Bank requests this information in order to comply with Regulation O which governs any TCM extension of credit to a TCM "Insider" and any Insider's "Related Interest". A TCM Insider is an executive officer, director, or principal shareholder of TCM, ICBA, ICBA Services Network, or Bancard. A Related Interest is any company controlled by an Insider.

Please attach the corporate document authorizing the signers below to apply for a credit card on behalf of the business.

386028 BP1 203

0923 - SC301

CR#

**Please read the following carefully before signing:** You, the undersigned, as an individual and as an Officer of the Business with authority to bind the Business, (a) Request TCM Bank, N.A. to open a Visa credit card account in the name of the Business, (b) Represent that all cards issued on the account will only be used for commercial or business purposes, (c) Agree to be jointly and severally liable with the Business for all charges to the account, (d) Certify that all information supplied in or with the Application is accurate and complete, (e) Agree that inquiries may be made to verify information, a credit bureau report may be obtained, and that information regarding the account may be reported to the credit bureaus, (f) Request TCM Bank, N.A. issue cards as you direct above or as you direct in the future, (g) Authorize TCM Bank, N.A. to contact you or the Business at any telephone number included on this Application or any telephone number subsequently provided to TCM Bank, N.A., (h) If you provide your email address, we may use it to contact you about your account and tell you about useful products and services, (i) Authorize any firm or individual from whom the Business has obtained or requested credit to furnish the details of that transaction. The Business also agrees to provide financial information upon request, in a form that is acceptable to the bank, (j) Agree to be bound by the Business Card Loan Agreement that will be sent to me/the Business. **You understand and agree that by signing below, you will have personally guaranteed any and all credit extended under the account now or in the future.**

RF#

X

Principal 1 Signature

Date

X

Principal 2 Signature

Date

PLEASE PRINT, SIGN AND MAIL THE COMPLETED APPLICATION.

# Certification Regarding Beneficial Owners of Legal Entity Customers

## 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. Requiring the disclosure of key individuals who ultimately 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. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, non-profit, and any other similar business entity formed in the United States.

### What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number 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 financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

### Persons opening an account on behalf of a legal entity must provide the following information:

Name and Title of Natural Person Opening Account		Name of Legal Entity	
Legal Entity Street Address		Suite Number	
City	State	Zip Code	

## You must complete sections A and B.

**A.** Complete the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the entity interests of the legal entity listed above:

**Beneficial Owner Not Applicable**

### Beneficial Owner 1 Information: \_\_\_\_\_ % of ownership

Individual Name		Date of Birth	
Address (Residential or Business Street)		Suite/Apartment Number	
City	State	Zip Code	Social Security Number

### Beneficial Owner 2 Information: \_\_\_\_\_ % of ownership

Individual Name		Date of Birth	
Address (Residential or Business Street)		Suite/Apartment Number	
City	State	Zip Code	Social Security Number

# Certification Regarding Beneficial Owners of Legal Entity Customers

## Beneficial Owner 3 Information: \_\_\_\_\_ % of ownership

Individual Name			Date of Birth
Address (Residential or Business Street)			Suite/Apartment Number
City	State	Zip Code	Social Security Number

## Beneficial Owner 4 Information: \_\_\_\_\_ % of ownership

Individual Name			Date of Birth
Address (Residential or Business Street)			Suite/Apartment Number
City	State	Zip Code	Social Security Number

- B.** Complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as: an executive officer or senior manager (e.g. CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under section (A) above may also be listed in this section (B).

Individual Name and Title			Date of Birth
Address (Residential or Business Street)			Suite/Apartment Number
City	State	Zip Code	Social Security Number

**The undersigned hereby certifies, to the best of their knowledge, that the information provided above is complete and correct.**

X

\_\_\_\_\_  
Signature of Natural Person Opening Account

X

\_\_\_\_\_  
Printed Name of Natural Person Opening Account

X

\_\_\_\_\_  
Date

**TOTAL CREDIT LINE AMOUNT:** \$ \_\_\_\_\_

The Total must include all Balance Transfers.

For credit card lines of \$25,000 or more, additional documentation may be required.

## List employees who you wish to receive cards

Each employee credit limit can be set to the Total Credit Line Amount. Use additional page if necessary.

	Name to Appear on Card	Credit Limit	Social Security Number	Date of Birth (MM/DD/YY)	Signature
Principal 1	_____	_____	_____	_____	_____
Principal 2	_____	_____	_____	_____	_____
Authorized User 1 <sup>5</sup>	_____	_____	_____	_____	_____
Authorized User 2 <sup>5</sup>	_____	_____	_____	_____	_____
Authorized User 3 <sup>5</sup>	_____	_____	_____	_____	_____
Authorized User 4 <sup>5</sup>	_____	_____	_____	_____	_____

<sup>5</sup> Authorized Users are not financially responsible for charges made on the account.

THIS SECTION WAS COMPLETED BY:

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

### Business References

Reference 1

Company Name/Bank Name

Company/Bank Address

Phone Number

Contact Name

Reference 2

Company Name/Bank Name

Company/Bank Address

Phone Number

Contact Name

### Balance Transfer

Account Number

Name of Creditor

Payment Address

City

State

Zip

Amount of Transfer (Minimum transfer of \$500)

The entire amount of the Balance Transfer will be allocated to Principal 1.

### Mailing Address

*(If different from business address.)*

Company Name

Mailing Address

City

State

Zip

**FOR BANK USE ONLY** Name of banker sending application: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE PRINT, SIGN AND MAIL THE COMPLETED APPLICATION.**

# IMPORTANT DISCLOSURES

Information on this disclosure was accurate as of 04/26/2024

This card will be issued and administered by TCM Bank, N.A. Before you submit your application, please read through these Important Disclosures, which contain additional information about rates, fees, and other costs, as applicable. The variable rates, the fees, and the terms are subject to change. To find out if any rates, fees or terms have changed, please write to: TCM Bank, N.A., P.O. Box 105666, Atlanta, GA 30348.

## Interest Rates and Interest Charges:

<b>Introductory Annual Percentage Rate (APR) for Purchases and Balance Transfers</b>	<b>0%</b> Introductory APR applies for the first six billing cycles from date of account opening.
<b>Standard Annual Percentage Rate (APR) for Purchases and Balance Transfers</b>	When the Introductory Period ends, the APR will be <b>17.24% to 27.24%</b> , based on your creditworthiness.  This APR will vary with the market based on Prime Rate.*
<b>APR for Cash Advances</b>	<b>29.24%</b> .  This APR will vary with the market based on the Prime Rate.*
<b>How to Avoid Paying Interest on Purchases:</b>	Your due date is at least 23 days after the close of each billing cycle. You will not be charged interest on purchases if you pay your entire balance by the due date each month.
<b>Minimum Interest Charge:</b>	If you are charged interest, the charge will be no less than \$1.00.

## Fees:

<b>Annual Fee</b>	<b>None</b>
<b>Transaction Fees</b>	
<ul style="list-style-type: none"> <li>Balance Transfer</li> <li>Cash Advance</li> <li>Foreign Transaction</li> </ul>	<b>3%</b> of each balance transferred. Waived for balance transfers at time of account opening. Either <b>\$10</b> or <b>3%</b> of each cash advance, whichever is greater. If the merchant is outside of the U.S., the fee is: a) <b>3%</b> of the U.S. dollar amount of the transaction, if converted from a foreign currency, b) <b>2.8%</b> of the U.S. dollar amount of the transaction, if made in U.S. dollars.
<b>Penalty Fees</b>	
<ul style="list-style-type: none"> <li>Late Payment</li> <li>Over-the-Credit-Limit</li> <li>Returned Payment</li> </ul>	<b>\$20</b> on balances less than \$100; <b>\$30</b> on balances \$100 and over but less than \$250; <b>\$40</b> on balances of \$250 or more. <b>\$39</b> <b>Up to \$40.</b>

**Loss of the Introductory APR:** If you make a late payment, we may end your Introductory APR for Purchases and Balance Transfers and apply the Standard APR for Purchases and Balance Transfers.

\*We add a margin to the Prime Rate to determine variable APRs. We use the highest Prime Rate listed in The Wall Street Journal on the last business day of the calendar month prior to your statement closing date ("Last Business Day") and apply it beginning with the first billing period following the Last Business Day. APRs shown here are based on a 8.50% Prime Rate. For each billing period, the APR may increase or decrease with the Prime Rate.

## TERMS AND CONDITIONS

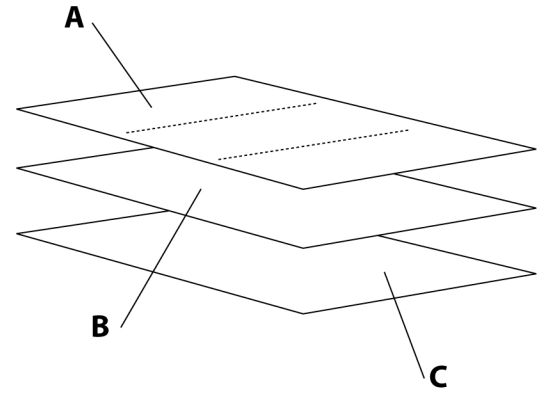
When you ("you" or "your" mean the owner, officer, or partner of the Business with the authority to bind the Business) complete the Application for a business card from TCM Bank, N.A. ("TCM", "we", or "us), you agree to the following:

1. YOU REPRESENT AND WARRANT THAT ALL CARDS ISSUED ON THE ACCOUNT WILL ONLY BE USED FOR COMMERCIAL OR BUSINESS PURPOSES.
2. You agree to be jointly and severally liable with the Business for all charges to the account including those charges by Authorized Users. This means that you will be personally liable for all balances incurred on all cards and accounts issued pursuant to the Application now or whenever such additional accounts may be established in the future and that the Business is jointly liable for all cards issued in the Business name and/or at the request of the Business. If you leave the Business, you will continue to be responsible for the outstanding balances on the account unless you notify us immediately to close any accounts and prevent further usage.
3. You represent that information you provide on the application is accurate. Business and consumer credit reports may be requested in connection with this application and subsequent business and consumer reports may be requested or utilized in connection with an update, renewal or extension of credit for which application was made. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You authorize us and our Affiliates to exchange information as permitted by law.
4. You must notify Authorized Users that we may obtain, provide and use information about them and that their use of the account is subject to the terms of the Business Cardholder Agreement.
5. If an account is opened, you will receive a Business Cardholder Agreement with your card(s). When you use the account or any card, authorize their use, or make any payment on the account, you agree to the terms of the Business Cardholder Agreement and any future revisions of the Business Cardholder Agreement.
6. You authorize us to allocate your payments and credits in any way that we determine, as permitted under the Business Cardholder Agreement.
7. You agree that we may change the terms of, or add new terms to, the Business Cardholder Agreement at any time. We will notify you of changes if we are required to do so by law, and you may be given the opportunity to reject those changes to the extent required by law or otherwise in our discretion. If you choose not to accept those changes, you may terminate the Business Cardholder Agreement by notifying us in writing. However, your account will be closed and you will remain responsible for all charges made before you terminated the Business Cardholder Agreement.
8. Only qualified individuals at least 18 years old may be approved for an account.
9. Capitalized terms used herein and not otherwise defined will have the definitions set out in your Business Cardholder Agreement.
10. Rewards – In order to access reward points, your account must be open and in good standing.

**Fold on the Dotted Lines below to create Business Reply Envelope  
Follow the Steps below for the correct folding process.**

- **DO NOT use excessive amounts of tape when closing the envelope, as it might delay the processing of your application.**
- **DO NOT use industrial tape to close envelope, only use office tape.**

**STEP 1: FOLD THIS PANEL DOWN (INSIDE)**



- A.** Business Reply Envelope (Created Once Folded)
- B.** Blank Sheet of Paper (Aids the Privacy of your Information)
- C.** Your Completed Application

TAPE HERE

TAPE HERE

**B**

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1139 ATLANTA, GA

POSTAGE WILL BE PAID BY ADDRESSEE

**TCM BANK**  
PO BOX 105666  
ATLANTA GA 30348-9730

TAPE HERE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

TAPE HERE

TAPE HERE

TAPE BOTH ENDS CLOSED - NO STAPLES ALLOWED

- STEP 2:** FOLD THIS PANEL UP TO MAKE OUTSIDE (BACK)
- STEP 3:** TAPE TOP CLOSED WHERE IT SAYS "TAPE HERE" (DO NOT USE INDUSTRIAL TAPE)
- STEP 4:** TAPE ON BOTH ENDS (DO NOT USE INDUSTRIAL TAPE)
- STEP 5:** DO NOT STAPLE CLOSED

TAPE BOTH ENDS CLOSED - NO STAPLES ALLOWED