



## BUSINESS CHECK CARD APPLICATION

TELL US ABOUT YOUR COMPANY (PLEASE PRINT)

Business Name \_\_\_\_\_

Primary Business or Commercial Checking Account Number

TAX ID Number   -         National ID Number (RIF, NIT, RUT, etc.)

**IMPORTANT:** The Commercebank Business Check Card is a debit card for the commercial checking account identified above. It is not a credit card, and it is not covered by consumer protection regulations governing unauthorized transactions. By signing below, you request one or more Cards for your company and certify that the information you have given on this Application is true and complete. If your request is approved, your company and all authorized users will be bound by the terms of the Business Check Card Agreement that you will receive with the Card(s). The Business Check Card Agreement provides, among other things, that your company will be responsible for controlling access to and use of all Cards and associated PINs and for all transactions made and charges incurred with the Card(s).

**NOTE:** This Application must be signed by your company's authorized representative(s), which means the individual(s) authorized by your company to sign a contract relating to the checking account identified above.

Executed as an agreement this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 ID Number (if applicable) \_\_\_\_\_  
 X SIGN HERE  
 Signature of Owner / President / Authorized Signer

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 ID Number (if applicable) \_\_\_\_\_  
 X SIGN HERE  
 Signature of Owner / President / Authorized Signer

TELL US ABOUT THE INDIVIDUALS AUTHORIZED TO USE THE BUSINESS CHECK CARD (PLEASE PRINT)

Name of Card User #1

Social Security Number \_\_\_\_\_ ID Number (if applicable) \_\_\_\_\_

Daily Limits\*  Option 1  Option 2  Option 3  
 (Refer to table below)

X SIGN HERE  
 Signature of Owner / President / Authorized Signer

X SIGN HERE  
 Signature of Owner / President / Authorized Signer

Name of Card User #2

Social Security Number \_\_\_\_\_ ID Number (if applicable) \_\_\_\_\_

Daily Limits\*  Option 1  Option 2  Option 3  
 (Refer to table below)

X SIGN HERE  
 Signature of Owner / President / Authorized Signer

X SIGN HERE  
 Signature of Owner / President / Authorized Signer

Name of Card User #3

Social Security Number \_\_\_\_\_ ID Number (if applicable) \_\_\_\_\_

Daily Limits\*  Option 1  Option 2  Option 3  
 (Refer to table below)

X SIGN HERE  
 Signature of Owner / President / Authorized Signer

X SIGN HERE  
 Signature of Owner / President / Authorized Signer

* Daily Limits	Purchases	Cash Disbursements
Option 1 (Default)	\$5,000	\$600
Option 2	\$2,500	\$600
Option 3	\$200	\$200

### BANK USE ONLY

Bank Officer Name (print) \_\_\_\_\_ Bank Officer Signature \_\_\_\_\_

Branch/Cost Center \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_