

PLACE
STAMP
HERE

First Bank & Trust
P.O. Box 60007
New Orleans, LA 70160-9985

B U S I N E S S
VISA® CARD



To speak with a
banking representative,
call us toll-free at
1-877-426-2498
or visit us online at
www.FBOnline.com




**When you use our Visa®
Business Credit Card
for the purchase of
goods or services, the
following benefits are
yours!**

TRAVEL ACCIDENT INSURANCE

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

SCORECARD® BONUS POINTS

Earn Bonus Points for every net retail purchase you make with our First Bank and Trust Credit Card! You can redeem Bonus Points for brand-name merchandise and exciting travel awards. Visit www.scorecardrewards.com and browse the current award selections. You'll be amazed at what ScoreCard® has to offer! To find out how the plan works, ask one of our friendly representatives.

© First Bank and Trust, A First Trust Company.
Member FDIC
Equal Housing Lender 

CREDIT APPLICATION

Credit Limit Requested \$ _____

Visa® Business Card

Check Account Choice: (Only One)

- Sole Owner LLC
 Partnership Non-Profit
 Corporation

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

COMPANY INFORMATION

Name of Company	City	State	Zip Code	Tax I.D. Number
Company Street Address				Business Phone
Type of Business				How Many Years in Business

ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:

The information gathered for the individuals to receive the credit cards includes the signature at the bottom of each box.

Attach additional sheet if necessary (with signatures)

Last Name	First	Middle	Social Security Number
Company Title	Division / Department		Date of Birth
Home Address	City	State	Zip
Signature	Limit for this Individual Card: \$ _____		
Last Name	First	Middle	Social Security Number
Company Title	Division / Department		Date of Birth
Home Address	City	State	Zip
Signature	Limit for this Individual Card: \$ _____		

CREDIT INFORMATION

Attach additional sheet if necessary (with signatures)

Institution Name and Address	Branch	Loans	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Checking Account Number / Name Listed	Savings Account Number / Name Listed		
Name and Address of Trade References	Name Under Which Account is Carried	Account Number	Balance
1.		\$ _____	\$ _____
2.		\$ _____	\$ _____
3. Institution Credit Card / Institution Name and Address		\$ _____	\$ _____

CONDENSED BUSINESS FINANCIAL STATEMENT

Bank reserves the right to require additional information

CURRENT ASSETS \$ _____	CURRENT LIABILITIES \$ _____
TOTAL ASSETS \$ _____	TOTAL LIABILITIES \$ _____
IMPORTANT: THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED.	NET WORTH (Total Assets Less Liabilities) \$ _____

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/ We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (check one):

_____ V.P. TREASURER OWNER PARTNER

Applicant Signature Date Authorizing Signature Title Date

CREDIT DISCLOSURES

Annual Percentage Rate for Purchases (Variable)	10.92%*	Grace Period for re-payment of balances for purchases	Average Daily Balance Including New Purchases***
Annual Percentage Rate for Cash Advances (Variable)	10.92%*	Method of Computing the Balance for Purchases	25 Days***
Annual Percentage Rate for Balance Transfers (Variable)	10.92%*	*The prime rate used to determine your APR is the rate published in the Wall Street Journal.**	
Penalty Rate	24.00%****	**Variable Rate Information - Your Annual Percentage Rate may vary as often as monthly. The rate is determined by adding 7.65% to the highest and most recently available prime rate published in the Money Rates section of the Wall Street Journal. That amount is then rounded upward or downward to the nearest number that is evenly divisible by twelve to two decimal points.	
Late Payment Fee	\$35.00	***A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your previous monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges.	
Transaction Fee for Cash	6.0% of the amount advanced	A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue on the unpaid average daily balance of such Cash Advances until the date of payment if paid during the same billing cycle, or until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the closing date of the prior billing cycle if more than 25 days from the closing date. If the new balance is paid in monthly statement for the prior billing cycle is paid in full within 25 days of the closing date of that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.	
Balance Transfer Fee	6.0% of the amount transferred	**** If your Bankcard is canceled for the reason that you failed to comply with the terms of our bankcard agreement, the unpaid balance of your visa account will continue to bear interest (Finance Charges) at the rate of 24.0% per annum after cancellation of your account, until the account is paid in full.	

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new First Bank & Trust credit card account. The balance transfer will be subject to finance charges the day of posting to your new account.

Credit Card Issuer _____ Account Number _____
Payment Address _____ Amount to be Transferred \$ _____
City, State, Zip _____

Applicant Signature Date Authorizing Signature Title Date

FOR INTERNAL USE ONLY

ACCOUNT NO. (1)	ACCOUNT NO. (2)				
DATE APPROVED	DATE APPROVED	CREDIT LINE	CREDIT LINE	APPROVED BY	APPROVED BY
NO. CARDS	PRO CODE	NO. CARDS	PRO CODE		