



Farmers Bank & Trust Business Credit Card

Business Information

Please print how you would like your business name to appear on the card.
Limit 26 characters.

Legal Name of Business: _____ Tax ID: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____

Credit Line Preference¹: _____

Annual Business Revenue: _____

Legal Structure of Business: _____ Corporation _____ Partnership _____ Sole Proprietorship
_____ Non-profit _____ LLC _____ Publicly Traded
_____ Government/Municipality _____ Other: _____

Organizational Type: _____ Professional _____ Services _____ Wholesale Trade
_____ Manufacturing _____ Retail Trade _____ Construction
_____ Real Estate _____ Public _____ Transportation
_____ Agricultural _____ Finance, Insurance, Real Estate
_____ Other: _____

Billing Preference: _____ Corporate (consolidated statement sent to company for all cards - the company makes the payment)
_____ Individual (separate statement sent to each cardholder - payments are made separately)

Rewards: _____ Enroll _____ Do Not Enroll
Points Accrue At: _____ Business Level _____ Individual Level

Guarantor Information

Name of Guarantor (First, Middle, Last) _____

Guarantor Position with Company: (Check One)
_____ President _____ Vice President _____ Proprietor _____ General Manager
_____ Treasurer _____ COO _____ CEO _____ Managing Member _____ Partner

Email Address: _____

Home Street Address (Required - No P.O. Boxes Allowed, US Addresses Only) _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No: _____

Mother's Maiden Name: _____ Primary Phone No: _____

Percentage of Ownership: _____

Issue card: _____ Y _____ N Card Limit: _____ Cash Access: _____ Y _____ N

Employees needing online administrative access to MyFarmers Card Service Center

Choose: full access (see all balances, modify limits, cancel cards, make payments) or view access (view balances and card info only)

MyFarmers Card Service Center Admin User 1 _____ Full Access _____ View Only

Name (First, Middle, Last) _____ Date of Birth _____

Phone Number _____ Email Address _____

MyFarmers Card Service Center Admin User 2 _____ Full Access _____ View Only

Name (First, Middle, Last) _____ Date of Birth _____

Phone Number _____ Email Address _____

MyFarmers Card Service Center Admin User 3 _____ Full Access _____ View Only

Name (First, Middle, Last) _____ Date of Birth _____

Phone Number _____ Email Address _____

Beneficial Owners

Provide the following information for all persons who own 25% or more of the business. Do not include owner/manager information listed above. Beneficial owners will not be used to determine credit worthiness for approving this application nor will they share liability for the account. This section is not applicable to governmental agencies or non-profit organizations.

Name of Owner _____	Percentage of Ownership _____
Mailing Address _____	City _____ State _____ Zip _____
Date of Birth _____ SSN _____	Primary Phone # _____ Mother's Maiden Name: _____
Issue card: _____ Y _____ N	Card Limit: _____ Cash Access: _____ Y _____ N
Name of Owner _____	Percentage of Ownership _____
Mailing Address _____	City _____ State _____ Zip _____
Date of Birth _____ SSN _____	Primary Phone # _____ Mother's Maiden Name: _____
Issue card: _____ Y _____ N	Card Limit: _____ Cash Access: _____ Y _____ N
Name of Owner _____	Percentage of Ownership _____
Mailing Address _____	City _____ State _____ Zip _____
Date of Birth _____ SSN _____	Primary Phone # _____ Mother's Maiden Name: _____
Issue card: _____ Y _____ N	Card Limit: _____ Cash Access: _____ Y _____ N
Name of Owner _____	Percentage of Ownership _____
Mailing Address _____	City _____ State _____ Zip _____
Date of Birth _____ SSN _____	Primary Phone # _____ Mother's Maiden Name: _____
Issue card: _____ Y _____ N	Card Limit: _____ Cash Access: _____ Y _____ N

Employees to Receive Cards

Provide the following information for any additional employee cards. Individual employee information will not be used to determine creditworthiness for approving this application nor will they share liability for the account.

Employee #1 - Name to appear on card (Limit 24 characters) _____	
Date of Birth _____ SSN _____	Primary Phone Number: _____
Card Limit: _____ Cash Access: _____ Y _____ N	Mother's Maiden Name _____
Employee #2 - Name to appear on card (Limit 24 characters) _____	
Date of Birth _____ SSN _____	Primary Phone Number: _____
Card Limit: _____ Cash Access: _____ Y _____ N	Mother's Maiden Name _____
Employee #3 - Name to appear on card (Limit 24 characters) _____	
Date of Birth _____ SSN _____	Primary Phone Number: _____
Card Limit: _____ Cash Access: _____ Y _____ N	Mother's Maiden Name _____
Employee #4 - Name to appear on card (Limit 24 characters) _____	
Date of Birth _____ SSN _____	Primary Phone Number: _____
Card Limit: _____ Cash Access: _____ Y _____ N	Mother's Maiden Name _____
Employee #5 - Name to appear on card (Limit 24 characters) _____	
Date of Birth _____ SSN _____	Primary Phone Number: _____
Card Limit: _____ Cash Access: _____ Y _____ N	Mother's Maiden Name _____
Employee #6 - Name to appear on card (Limit 24 characters) _____	
Date of Birth _____ SSN _____	Primary Phone Number: _____
Card Limit: _____ Cash Access: _____ Y _____ N	Mother's Maiden Name _____

I have provided my business and personal information above. I am an authorized officer of the business with the authority to bind the business to the Terms and Conditions shown on this application. I understand that the business and I will be individually and jointly liable for all obligations on this account. All signers must be at least 18 years of age. Signatures below should be of individuals who have an individual or combined total ownership of at least 50% or more. Does not apply to governmental entities or non-profit organizations. I also certify by signing below, to the best of my knowledge that the information above is complete and correct. My signature also acknowledges that we agree to notify the financial institution of any change in beneficial ownership.

Signature: _____ Title: _____ Date: _____

¹If company does not qualify for requested line amount, application will be considered for the highest possible credit line. Employee limits cannot exceed the total credit line.

²You do not need to include alimony, child support, or separate maintenance income if you do not want it considered.

By providing your email address you will receive promotions and special offers.

FBT Received By: Branch # _____ Employee Name: _____

Farmers Bank & Trust Credit Card Disclosures
EFFECTIVE 01-04-21

Interest Rates and Interest Charges

ANNUAL PERCENTAGE RATE (APR) for Purchases	0.00% Introductory APR for the first 6 billing cycles following Account opening. After that, your APR will be 9.99%-14.99% based on your creditworthiness when you open your account.
APR for Balance Transfers	0.00% Introductory APR for the first 6 billing cycles from the date of the balance transfer.* After that, your APR will be 9.99%-14.99% based on your creditworthiness when you open your account.
APR for Cash Advances	19.99%
Penalty APR and When it Applies	None
Paying Interest	Your due date is at least 26 days after the close of each billing cycle. We will not charge you any interest on purchases or balance transfers if you pay your entire balance by the due date each month. We will begin charging interest on cash advances on the transaction posting date. Promotional rates may apply.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.00 .
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://consumerfinance.gov/learnmore .

Fees

Annual Fee	None
Transaction Fees: Balance Transfer: Cash Advance	Either \$5.00 or 3% of the amount of each transfer, whichever is greater.* Either \$0.00 or 5% of the amount of each cash advance, whichever is greater.
Foreign Transaction:	3.0% of the U.S. dollar amount of each transaction made in foreign currency or made in U.S. dollars that is processed outside of the United States. This fee will be in addition to any applicable fee.
Penalty Fees: Late Payment: Returned Payment:	\$27.00** \$27.00

How We Will Calculate Your Balance: We use a method called "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 account agreement.

Loss of Introductory APR: If you make a late payment during the Introductory APR, promotional period, we may end your Introductory APR for new Purchases and Balance Transfers and apply the APR in effect at that time.

***INTRODUCTORY APR OFFER FOR BALANCE TRANSFERS:** Introductory APR for Balance Transfer requests must be made within six (6) months of account open date and the promotional rate is good for six (6) billing periods after the Balance Transfer posts. Balance Transfers requested after this time will have an APR equal to the assigned purchase rate (excluding any Introductory APR). The 3% transfer fee is waived during the introductory period.

****If your Total Minimum Payment Due is not received by your Payment Due Date, a Late Payment Fee will be assessed. However, the Late Payment Fee will not exceed the total minimum payment that was due.**