

Business Name \_\_\_\_\_ Taxpayer ID No. \_\_\_\_\_

Corporation:  for profit  not for profit

Partnership  Limited Liability Company  Sole Proprietorship  Other \_\_\_\_\_

Business Address \_\_\_\_\_

Business City, State & Zip \_\_\_\_\_

Business Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Business Fax No. (\_\_\_\_\_) \_\_\_\_\_

Business E-mail \_\_\_\_\_ Business Web Page \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Number of Cards Requested \_\_\_\_\_

### Names of Cardholders:

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax ID No. \_\_\_\_\_

Limit Requested \$ \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax ID No. \_\_\_\_\_

Limit Requested \$ \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax ID No. \_\_\_\_\_

Limit Requested \$ \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax ID No. \_\_\_\_\_

Limit Requested \$ \_\_\_\_\_

**Signatures:** By signing below, you are requesting the Stillman Business Debit Card and associated services. You agree to the terms and conditions of the Business Debit Card Agreement, including any fees and charges. You further agree that the information contained in this Application is accurate. You authorize us to verify your creditworthiness and employment history, as an individual, through any necessary means, including having a consumer credit reporting agency run a consumer credit report on you. We reserve the right to refuse any request for a card and revoke an issued card for any reason.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

**Mail or Deliver Application to:**

**Stillman Bank**

P.O. Box 150

Stillman Valley, IL 61084

**For Institution Use**  Approved  Declined By \_\_\_\_\_ Date \_\_\_\_\_ No. Cards Rcd \_\_\_\_\_

Separate Authorization on File  Yes  No Additional Information \_\_\_\_\_