

CONVENIENT
 CHIP TECHNOLOGY
 CONTACTLESS
 SECURE

Business Credit Card



Charlevoix State Bank

111 State Street
 Charlevoix, MI 49720
 (231)547-4411

Credit Card Limit Requested

\$ _____ Credit

\$ _____ Cash

- Shared
- Individual

OR

- Credit Line Increase

Account Number _____

Statement Handling

- Individual
- Consolidated

INTERNAL USE ONLY

Date Approved _____

Date Ordered _____

Ordered By _____

Card Number _____

Approved Credit Limit

\$ _____

Approved By _____

Application

ALL CONTENTS ARE ACCURATE AT THE TIME OF PRINTING, FOR SUBSEQUENT CHANGES PLEASE CALL US.

Business Name			
Type of Entity			
Tax ID Number			
Street Address Physical Required; Not a PO Box			
Mailing Address			
(if different)			
City		State	Zip Code
Phone	Cell ()	Email	
	Office ()		
Gross Revenue	\$		
Years in Business			
Guarantor Name		ID	
First, Last		SSN	DOB
Cardholder Name		ID	
First, Last		SSN	DOB
Cardholder Name		ID	
First, Last		SSN	DOB
Cardholder Name		ID	
First, Last		SSN	DOB
Cardholder Name		ID	
First, Last		SSN	DOB

Signatures

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 Charlevoix State Bank. I/ We agree to be bound by the terms and conditions of the cardholder 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 you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Applicant	Date
Applicant	Date

Visa Account Updater©

When you save your Charlevoix State Bank Credit Card for things like bill payments and online purchases, we can help update it automatically if your payment information changes. So if your card is re-issued, you may not have to update your payment information with every biller and merchant where you have it saved.*

As a Charlevoix State Bank Visa Credit Card holder, you are automatically enrolled in the Visa Account Updater service. If you would like to **Opt-Out** of the service, please indicate by signing below. This will affect all users of the same account.

Signature _____ Date _____

*Not all merchants participate in automatic updates. Updates are not guaranteed before the next billing cycle.

Automatic Credit Card Payment Authorization

This automatic payment will be effective one statement cycle from date request is received by Charlevoix State Bank. I am responsible for making payment prior to this time.

I hereby authorize Charlevoix State Bank to make the following recurring automatic payments to my Charlevoix State Bank credit card:

Name(s) on Account:	_____
Transfer from Routing/ABA Number (if not a CSB account):	_____
Transfer from Account Number:	_____
Transfer from Account Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Payment Amount – select one option	
<input type="checkbox"/> Fixed Dollar Amount	\$ _____
<input type="checkbox"/> Percentage of Balance	_____ %
<input type="checkbox"/> Pay in Full	
<input type="checkbox"/> Minimum Payment	

This authorization shall remain in effect until revoked by the cardholder or terminated by the bank. Should there fail to be sufficient funds in the deposit account on the date authorized, the card may be subject to late fees and finance charges. Late payments may have adverse effects to one's credit report. I (we) acknowledge that I will be responsible for reviewing my monthly credit card statement for accuracy. I am solely responsible for keeping my credit card account current and paid in a timely manner.

Cardholder Signature: _____ Date: _____

Employee Use Only

Card Number:

Employee entering initials: Date:

Employee verifying initials: Date:

Interest Rates and Interest Charges	Visa® Classic and MasterCard®
Annual Percentage Rate (APR) for Purchases	<p align="center">15.90%</p> <p align="center">Fixed</p>
APR for Balance Transfers	None
APR for Cash Advances	<p align="center">15.90%</p> <p align="center">Fixed</p>
Penalty APR and When it Applies	None
How to Avoid Paying Interest	Your due date is not less than 21 days after the close of each billing cycle. We will not charge you interest on retail purchases, cash advances and balance transfers if you pay your entire balance by the due date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.00
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://www.consumerfinance.gov/learnmore
Fees	Visa® Classic and MasterCard®
Annual Fee	None
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Cash Advances • Foreign Transaction 	<p>None</p> <p>None</p> <p>None</p>
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Over-the-Credit-Limit • Returned Payment 	<p>Up to \$25.00</p> <p>Up to \$25.00</p> <p>Up to \$25.00</p>
Other Fees	None
How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). * An explanation of this method is provided in your account agreement.	
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.	
Military Lending APR: Effective October 1, 2017, Federal Law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).	

YOUR BILLING RIGHTS

If you think there is an error on your statement, write to us at:

Charlevoix State Bank
111 State Street
Charlevoix, MI 49720

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.
- At least 3 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors in writing. You may call us, but if you do, we are not required to investigate any potential errors and you may have to pay the amount in question.

What Will Happen After We Receive Your Letter

When we receive your letter, we must do two things:

1. Within 30 days of receiving your letter, we must tell you that we received your letter. We will also tell you if we have already corrected the error.
2. Within 90 days of receiving your letter, we must either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

After we finish our investigation, one of two things will happen:

- If we made a mistake: You will not have to pay the amount in question or any interest or other fees related to that amount.
- If we do not believe there was a mistake: You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may then report you as delinquent if you do not pay the amount we think you owe.

If you receive our explanation, but still believe your bill is wrong, you must write to us within 10 days telling us that you still refuse to pay. If you do so, we cannot report you as delinquent without also reporting that you are questioning your bill. We must tell you the name of anyone to whom we reported you as delinquent, and we must let those organizations know when the matter has been settled between us.

If we do not follow all of the rules above, you do not have to pay the first \$50 of the amount you question even if your bill is correct.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50 (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase, Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at:

Charlevoix State Bank
111 State Street
Charlevoix, MI 49720

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

Cardholder Agreement

By using or authorizing others to use my Visa and/or Mastercard card(s) ("Card") for obtaining goods or services ("Purchases") or for cash advances to me for my benefit ("Advances") I agree with Charlevoix State Bank ("Bank") as follows:

USE OF ACCOUNT – To settle all disputes arising from Purchases directly with the merchant who honored the Card and except as provided by the accompanying billing error disclosures, to pay Bank all amounts required hereunder notwithstanding such disputes. To accept credits to my Card account instead of cash refunds where the Card was used in the original transaction. Neither Bank nor other banks or businesses shall be liable to me for failure to honor the card. Transactions made in foreign currency are converted to U.S. Dollars at the retail exchange rate in effect when and where the transaction slip is presented by the merchant to its bank. Foreign currency transactions are converted to U.S. Dollars under the current rules of MasterCard and/or Visa. If the Card is issued to more than one person, this agreement applies to each, whose liability shall be joint and several.

PROMISE TO PAY – To any Bank amounts advanced for my account together with applicable Finance Charge and collection costs.

CREDIT LIMIT – Not to exceed the maximum credit limit set by Bank. If Bank extends credit beyond that limit, I will pay the excess on demand.

BILLING STATEMENTS – Bank will mail me a statement each month in which there is a debit or credit balance over \$1.00 or when a finance charge is imposed.

MINIMUM PAYMENTS – On or before the Due Date shown thereon, I will pay to Bank, at the address specified in the statement, at least the indicated Minimum Payment, which is greater of \$20.00 or 3% of the New Balance, plus past due Minimum Payments from prior statements. A new balance of less than \$20.00 must be paid in full. I may pay the entire amount owed at any time.

FINANCE CHARGE – There is no **finance charge** on purchases if the new balance is paid in full by the due date on the Statement on which these purchases first appear. If not so paid, **finance charges** will be imposed from the date each purchase was posted to the account, using the average daily balance method, calculated as follows: **Current Period:** The daily balance is the beginning balance each day in the current period less any payments or adjustments credited that day. The daily balance does not include **finance charges** or current purchases. These daily balances are added and then divided by the number of days in the period. The result is the average daily balance for the current period. **Previous Period New Purchases:** The daily balance is the beginning balance for New Purchases each day in the previous period less any payments and adjustments credited that day. It does not include **finance charges** or Purchases from other billing periods. These daily balances are added and then divided by the number of days in the previous period. The result is the average daily balance for new Purchases for the previous period. If the New Balance on the previous statement was not paid in full by the statement Due Date, the average daily balance for the current period is added to the average daily balance for new Purchases for the previous period. The average daily balance is multiplied by the periodic rate of 1.33%. This is an **ANNUAL PERCENTAGE RATE** of **15.9%**.

ADVANCES – **Finance charges** are imposed on Advances from the date of each Advance using the average daily balance method, calculated as follows: The daily balance is the beginning balance each date in the current period, plus any Advances made that day, and less any payments or adjustments credited that day. The daily balance does not include **finance charges**. These daily balances are added and then divided by the number of days in the period. The result is the average daily balance for Advances. This average daily balance is multiplied by the periodic rate of 1.33%. This is an **ANNUAL PERCENTAGE RATE** of **15.9%**.

OTHER FEES – Shall be treated as a credit purchase on your monthly statement (A) Late Payment Fee – If you do not pay the minimum payment by the due date you may have to pay a late payment fee up to **\$25.00**. (B) Over The-Credit-Limit-Fee – If your balance exceeds the maximum credit limit set by the Bank by 10% or more you may have to pay an over The-Credit-Limit-Fee up to **\$25.00**. (C) Returned Payment Check Fee – A returned payment fee up to **\$25.00** may be charged to your account if the check you gave us is not paid by your bank.

ENTIRE BALANCE – Bank may declare all amounts owing by me to be immediately payable if I fail to timely make any required payment or otherwise comply with this agreement, or in the event of my death, bankruptcy, incapacity or insolvency, or if Bank reasonably believes that my ability to pay my debts hereunder is substantially impaired.

COLLECTION COSTS – To the extent permitted by applicable law, you agree to pay all costs and disbursements, including reasonable attorney's fees, incurred by us in legal proceeding to collect or enforce your indebtedness.

CHANGE OF TERMS – Bank may amend this agreement by mailing a copy of the amendment to me at the address shown on Bank's files at least 45 days prior to amendment's effective date.

LOST OR STOLEN – You may be liable for the unauthorized use of your credit card. You will not be liable for unauthorized use that occurs after you notify Charlevoix State Bank, 111 State Street, Charlevoix, MI 49720, orally or in writing, of loss, theft, or possible unauthorized use. In any case, your liability will not exceed \$50.00.

CHANGE OF ADDRESS – You will notify us of any address change in writing before the address change becomes effective.

CANCELLATION – The Card is the property of Bank and may not be assigned. Bank may cancel this agreement at any time without cause or prior notice. On request, I will surrender the Card to Bank or any merchant. I may cancel this agreement by returning the Card to Bank. Cancellation for me or Bank will both effect then existing obligations.

LAW THAT APPLIES – Except as federal law applies, this agreement is governed by Michigan law. The invalidity of any provision does not affect the remainder.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against any credit application on the basis of race, color, religion, national origin, sex, marital status, age, because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal Agency that administers compliance with the law concerning the Lending Institution is **Consumer Financial Protection Bureau, P.O. Box 4503 Iowa City, Iowa 52244**