

# SUMMARY OF TERMS

INTEREST RATE AND INTEREST CHARGES	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>12.5%</b>
<b>APR for Balance Transfers</b>	<b>12.5%</b>
<b>APR for Cash Advances</b>	<b>12.5%</b>
<b>Paying Interest</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay the entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>
FEES	
<b>Annual Fees</b>	None
<b>Transaction Fees</b> • <b>Cash Advance</b>	1% of the amount of the advance, but not less than \$2.50 or more than \$10.00. Fees waived for lobby transactions at Northview Bank offices.
<b>Penalty Fees</b> • <b>Late Fee</b>	5% of the past-due amount, but not less than \$7.80 or more than \$25.00, will be assessed if your payment is not made within 10 days after the due date.

How we will calculate your balance: We use a method called “average daily balance (excluding new purchases).”

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); 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 rights under the Consumer Credit Protection Act. The federal agency concerned with creditor compliance is the FDIC. The Consumer Response Center is at 1100 Walnut St., Box #11, Kansas City, MO 64106.

The information about the costs of the credit card account described in this application is accurate as of 4/1/2015; this information may have changed after that date. To find out what may have changed after that date, please call 320-245-5261 or write to Northview Bank, PO Box 9, Sandstone, MN 55072. You agree that a credit report may be used in making the credit granting decision.



# VISA BUSINESS APPLICATION

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight terrorism funding and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR 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.

Date Received \_\_\_\_\_

Lender's Initials \_\_\_\_\_

## VISA Business Card Application NOTE: All sections should be filled out completely. If not, processing of your application will be delayed.

Name of Business: \_\_\_\_\_ Business Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Gross Annual Sales: \_\_\_\_\_ Year Business Started: \_\_\_\_\_

Do you want cash access? Yes  No  Type of Organization:  Corporation  LLC  Partnership

## Business Owner Information

Do you want cash access?  Yes  No  Owner/Proprietor  Partner  President/Chair  Treasurer  VIP

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Personal Soc Sec #: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different from above)

Home Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_ Number of Years as Owner: \_\_\_\_\_

## Signatures

**Location of Business Checking** **Average Balance** **Business Checking**  
 This application must be signed by a Business Owner with authority to bind the Business to the terms of this Application Agreement. The Business Owner certifies that the execution, delivery and performance of this Application has been authorized by all necessary corporate action by the Business, and will provide evidence of such action upon request.

Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history. I/we also understand that you may need to request future information prior to application approval.

The Business Owner and each individual Employee Applicant understand and agree that the Business, the Business Owner and the individual Employees will be liable for charges to the Account as follows: 1) the Business is jointly and severally liable with each individual Employee as to that individual Employee's charges; 2) the Business Owner and each individual Employee are individually liable as to their respective individual charges; and 3) the Business Owner is individually liable and jointly liable with the Business for all charges made to the Account.

Signature /Title \_\_\_\_\_ Date \_\_\_\_\_ Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

For Internal Use Only  
 Visa Account No. \_\_\_\_\_

Date Approved \_\_\_\_\_ Credit Line \_\_\_\_\_ Approved By \_\_\_\_\_

**Additional Cards Needed  
Names of Employees**

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Card Credit Limit: \$ \_\_\_\_\_  
Cash Withdrawal Limit: \$ \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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