

VISA® CORPORATE CARD APPLICATION

BUSINESS INFORMATION

Tax I.D. Number

Total Number of Cards Requested

Company Name (Legal)

Company Name to Appear on Card (Maximum of 25 spaces)

Company Phone Number†:

Alternate Company Phone Number†:

Physical Company Address (Required: No P.O. Box allowed, U.S. Address Only)

Suite/Unit/Apt#

City

State

Zip Code

Mailing Address (if different from above)

Describe Product or Service Provided by Company

Date Company Established

Type of Business (Check One):

Sole Proprietorship :

Partnership

LLC

Corporation

Not-For-Profit

Other

Gross Annual Revenue

\$

BANKING REFERENCE INFORMATION

Bank Name

Account Number

Bank Officer Name

Bank Officer's Phone Number:

BENEFICIAL OWNERS INFORMATION

In an effort to understand your ownership structure, do any individuals own 25% or more of your business, either directly or indirectly (via direct ownership by a company, trust, partnership, etc.)? Check One: Yes No

If yes, please complete the required Beneficial Owner section below for any additional individual beneficial owners.

Please provide the following information for additional individual owners who own 25% or more of the business, either directly or indirectly; as of May 2018, subject to certain exceptions, the collection of this information is required by federal regulation as part of the ongoing fight against financial crime. Government agencies and non-profit organizations are not required to provide ownership information, although non-profit organizations are required to provide information for a controlling manager (see below).

In order to fully process this request, you must provide updated organizational documents (i.e., operating agreement, bylaws, Board meeting minutes, etc.).

Name: First

Middle

Last

Suffix

Physical Home Address (Required: No P.O. Box allowed, U.S. Address Only)

Suite/Unit/Apt#

City

State

Zip Code

Email Address*

Date of Birth (MMDDYYYY)

% Ownership

For Indirect Owners: Name of the Entity Through Which Ownership Occurs

Social Security Number

For Non-U.S. Persons: Passport Number or Alien Identification Card Number

Primary Phone Number†

Total Gross Monthly Income**

Source of Total Gross Monthly Income

BENEFICIAL OWNER INFORMATION (CONTINUED)

Name: First	Middle	Last	Suffix
Physical Home Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt#
City	State	Zip Code	Email Address*
Date of Birth (MMDDYYYY)	% Ownership	For Indirect Owners: Name of the Entity Through Which Ownership Occurs	
Social Security Number	For Non-U.S. Persons: Passport Number or Alien Identification Card Number		
Primary Phone Number†	Total Gross Monthly Income**	Source of Total Gross Monthly Income	

Name: First	Middle	Last	Suffix
Physical Home Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt#
City	State	Zip Code	Email Address*
Date of Birth (MMDDYYYY)	% Ownership	For Indirect Owners: Name of the Entity Through Which Ownership Occurs	
Social Security Number	For Non-U.S. Persons: Passport Number or Alien Identification Card Number		
Primary Phone Number†	Total Gross Monthly Income**	Source of Total Gross Monthly Income	

Name: First	Middle	Last	Suffix
Physical Home Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt#
City	State	Zip Code	Email Address*
Date of Birth (MMDDYYYY)	% Ownership	For Indirect Owners: Name of the Entity Through Which Ownership Occurs	
Social Security Number	For Non-U.S. Persons: Passport Number or Alien Identification Card Number		
Primary Phone Number†	Total Gross Monthly Income**	Source of Total Gross Monthly Income	

BUSINESS OWNER INFORMATION

If there are no individuals that own 25%, an owner(s) must complete the following section and also guarantee the account by signing the Personal Guarantee section of this application.

Name: First	Middle	Last	Suffix	
Physical Home Address (Required: No P.O. Box allowed, U.S. Address Only)		Suite/Unit/Apt#	Primary Phone Number†	% Ownership
City	State	Zip Code	Email Address*	
Date of Birth (MMDDYYYY)	Social Security Number	Total Gross Monthly Income**	Source of Total Gross Monthly Income	

Business Owner Information section is continued on the next page.

BUSINESS OWNER INFORMATION (CONTINUED)

Name: First _____ Middle _____ Last _____ Suffix _____

Physical Home Address (Required: No P.O. Box allowed, U.S. Address Only) _____ Suite/Unit/Apt# _____ Primary Phone Number† _____ % Ownership _____

City _____ State _____ Zip Code _____ Email Address* _____

Date of Birth (MMDDYYYY) _____ Social Security Number _____ Total Gross Monthly Income** _____ Source of Total Gross Monthly Income _____

CONTROLLING MANAGER INFORMATION

The following information must be obtained for an individual with significant responsibility for managing the legal entity. Nonprofits must fill out the section below with the managing member's information for Beneficial Ownership requirements.

Name: First _____ Middle _____ Last _____ Suffix _____

Title _____ Date of Birth (MMDDYYYY) _____

Physical Home Address (Required: No P.O. Box allowed, U.S. Address Only) _____ Suite/Unit/Apt# _____

City _____ State _____ Zip Code _____

For U.S. Persons: Social Security Number _____ For Non-U.S. Persons: Passport Number or Alien Identification Card Number _____

SECURITY BANKCARD SELECT REWARDS™ PROGRAM ENROLLMENT

Yes! I would like to enroll in the Arvest Flex Rewards™ Program.

IMPORTANT: SIGNATURES REQUIRED TO ENROLL IN THE ARVEST FLEX REWARDS™ PROGRAM.

Visit securitybankcard.com/rewards for program details

Applicant

Authorized Representative

ACCOUNT OPTIONS

Central Billing Statement with Individual Memo Statements - Central Billing Statement generates a master statement for making one combined monthly payment, along with account breakdown for reviewing individual account activity. Payments WILL NOT post to individual accounts and should not be made on the Individual Memo Statements.

Please Select One: Do you want to allow Cash Advances on each card in the company's Corporate Card YES NO

Account? If Yes, Select One: What percentage of each card's credit limit should be available for Cash

25% 50% 75% 100% OTHER %

Day of month for all statements to bill out (choose one):

4 6 9 12 14 15 18 23 24 End of the Month

Note: Payment due date will be 25 days after billing date.

INTEREST RATES AND INTEREST CHARGES

The information about the costs of the cards described in this application is accurate as of January 11, 2019. This information may have changed after that date. To find out what may have changed, call us at 1-800-356-8085 or write to us at P.O. Box 6139, Norman, OK 73070 or go to www.securitybankcard.com.

Annual Percentage Rate (APR) for Purchases, Balance Transfers, Cash Advance	0% Introductory APR for 6 billing cycles. After that, your APR will be 12.49% variable for Elite* Corporate VISA Accounts; 16.49% for Premier* Corporate VISA Accounts based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
Variable Rate Information	Your APR may vary. The non-introductory rate for purchases, cash advances, and balance transfers is determined monthly by adding 6.99% for Elite Corporate VISA Accounts or 10.99% for Premier Corporate VISA Accounts to the highest U.S. Prime Rate published in <i>The Wall Street Journal</i> on the 10th day (or prior business day) of the prior month.
Penalty APR and When It Applies	None
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Minimum Interest Charge	None
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

Annual Fees	None
Transaction Fees: • Balance Transfer • Cash Advance • Foreign Transaction	None Either \$4 or 4% of the amount of each cash advance, whichever is greater. 1% of each transaction in U.S.
Penalty Fees: • Late Payment: • Over the Credit Limit: • Returned Payment:	\$29 \$29 \$29

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). See your account agreement for more details. **Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

*Your application is a request for an account with either Elite or Premier Pricing. We will first consider you for the pricing with the lowest rates. We determine your APR based on a review of your application and credit history.

DATED SIGNATURES (Required)

Company, by the authorized individual(s) signing below, represents and warrants Arvest Bank, Fayetteville, Arkansas ("Issuer") that Company is legally obligated to pay for Purchases, Cash Advances and all Other Charges incurred by those employees given a VISA Corporate Card. Subject to applicable law, Company will be liable and obligated to pay for all Purchases and Cash Advances made by use of the Cards, whether or not such use was authorized or unauthorized, and whether or not there was actual, implied, or apparent authority for such use. Company hereby acknowledges that the use of each Card is governed by the terms and conditions of the Cardholder Agreement and Disclosure Statement, as it may be amended from time to time (the "Agreement"), a copy of which shall be delivered with each Card authorized hereunder. The Card(s) is/are issued by Issuer, through its processing subsidiary, Security BankCard Center, Inc. To help the government fight the funding of terrorism 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. **MUST BE AT LEAST 18 YEARS OLD AND A U.S. RESIDENT TO APPLY.**

Capitalized terms not otherwise defined herein shall have the same meaning as specified in the Agreement.

Authorized Signature (Dated Signature Required)	Title	Date
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PERSONAL GUARANTEE OF COMPANY'S OBLIGATIONS

In order to induce Arvest Bank, Fayetteville, Arkansas ("Bank") to issue credit to Company under the terms and conditions of this Application and the Agreement, the undersigned (jointly and severally, if more than one), a principal shareholder or equity holder of Company, hereby guarantee(s), absolutely and unconditionally, to Bank the payment of all sums due to Bank, whether at stated maturity or otherwise, and whether for principal, interest, fees, expenses (including reasonable attorneys' fees), under the terms of the Agreement and each Card issued pursuant thereto (the "Guaranty"). This Guaranty is a continuing guaranty and shall remain in full force and effect until (a) the Agreement is terminated, and (b) Bank is paid in full thereunder. This Guaranty is binding on the undersigned and each of the undersigned's heirs, executors, administrators, legal representatives, successor and assigns.

The undersigned specifically agrees that it shall not be necessary or required that Bank exercise any right, assert any claim or demand or enforce any remedy whatsoever against Company or any other undersigned before or as a condition to the obligations of such undersigned hereunder. No delay on the part of Bank in exercising any rights hereunder, or failure to exercise the same, shall operate as a waiver of such right, and, in no event shall any modification or waiver of the provisions of this Guaranty be effective unless in writing and signed by an authorized officer of Bank. This Guaranty sets forth the entire understanding of the parties with respect to the subject matter herein contained, and the undersigned waives the right to assert defenses, setoffs and counterclaims in any litigation relating hereto. This Guaranty shall be governed by and construed in accordance with the laws of the State of Oklahoma.

The undersigned hereby authorizes Bank to setoff without notice all sums owed by Company against any of Company's or undersigned's accounts at Bank and further grants Bank a security interest in all such accounts. Further, the undersigned authorizes Bank to make or cause to be made such credit investigations as it deems necessary or appropriate to evaluate the credit, personal or financial standing and employment of such undersigned as guarantor of the Company's obligations under the Card and to share its credit experiences with Company and such guarantor with other creditors and credit reporting agencies. The undersigned hereby acknowledges that the use of each Card is governed by the terms and conditions of the Agreement, as it may be amended from time to time.

Signature of Guarantor	Printed Name	% Ownership	Date
Signature of Guarantor	Printed Name	% Ownership	Date

All business owners with 25% ownership or greater are required to sign the above Personal Guaranty.

ACCOUNTS FOR INDIVIDUAL EMPLOYEES TO RECEIVE CARDS

Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend

COMPANY CONTACTS

The person(s) authorized to give additional business information regarding the Corporate Card for this account is/are:

Authorized Representative's Name *(Please print or type)*

Authorized Representative's Phone Number†

Authorized Representative's Email Address*

Authorized Representative's Name *(Please print or type)*

Authorized Representative's Phone Number†

Authorized Representative's Email Address*

Authorized Representative's Name *(Please print or type)*

Authorized Representative's Phone Number†

Authorized Representative's Email Address*

†If you have entered a cell phone number, or another number that you later convert to a cell phone number, you agree that we may contact you at this number. You also agree to receive calls and messages, such as pre-recorded messages, calls and messages from automated dialing systems, or text messages. Normal cell phone charges may apply.

*By providing email addresses, you may receive account information, promotions, and special offers.

**Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

CREDIT CARD USE ONLY

App. by Date

Account #

No. Cards

Cr Limit

DTI

SCR

BANK USE ONLY

Associate Name

Associate ID#

Branch#/Bank# Stamp