

Business/Commercial Card Request Form

Section 1: COMPANY INFORMATION						
Company Name:				Tax ID Number:		
Section 2: AUTHORIZED CARDHOLDER INFORMATION FOR SETUP OF COMPANY CREDIT CARDS – See next page for instructions for each field						
Cardholder Name ¹	Credit Limit ²	SSN ³	DOB ⁴	Cardholder Phone #s ⁵	Cardholder Mailing Address ⁶	
				Cell		
				Work		
				Home		
				Cell		
				Work		
				Home		
				Cell		
				Work		
				Home		
				Cell		
				Work		
				Home		
				Cell		
				Work		
				Home		
				Cell	-	
				Work	-	
				Home		
Section 5: ACKNOWLEDGEMENT & SIGNATURES						
"Company" means the business entity identified in section 1 above. "Bank" means MidFirst Bank, a federally chartered savings association. By signing below, the "Authorized Company Representative" is signing as an authorized representative on behalf of the Company and certifies that the information in this form is true and correct and that he/she has full power and authority to sign this application on behalf of Company. By signing below, Company and the Authorized Company Representative acknowledge and agree: (i) that any Business Credit Cards issued to Company or any "Authorized Cardholders" for whom additional cards are requested have been issued in conjunction with a credit card program; (ii) to comply with the cardholder agreement furnished in connection with such card(s) and any amendments thereto; (iii) and any sub-accounts shall be made solely for business or commercial purposes and not for personal, family or household purposes; and (iv) that Company, Authorized Company Representative, and Authorized Cardholders may be contacted by Bank regarding all cards and the account and/or any sub-accounts as described in the Cardholder Agreement and such contact includes receiving calls and messages, including prerecorded messages, text messages and calls with an automatic telephone dialer (autodialer), from Bank and its authorized agents. Company shall be liable for repayment of all amounts due on all of Company's accounts and any sub-accounts opened in response to this request form or through other means on behalf of Company. Authorized Company Representative Signature Date						
Printed Name of Authorized Co. Representative						
Contact Phone # (in case of questions)					Email	

> Please return completed form to either your banker/officer or email to Credit Card Services (CreditCardServices@midfirst.com).



Business/Commercial Card Request Form

* Instructions for Completing Form:

¹ Cardholder Name – Please provide the full name of the cardholder as you want it to appear on the credit card. An individual's name is required for each card issued. *Note: The only exception allowed by Visa is for certain purchasing cards. If interested in this type of card, please contact us to discuss the additional risks and requirements for this type of card.*

² Credit Limit – Please indicate the credit limit you want issued to each individual cardholder. You may allocate up to the total credit limit for your company to each individual cardholder. Please keep in mind that the total outstanding on all of your company's cards cannot exceed the total credit limit for your company.

- <u>Individually Billed</u> If your company's cards are individually billed, this will represent the maximum amount that the cardholder can have outstanding at any time. If a payment is made to reduce the outstanding, the availability will be increased after the payment is posted to the account.
- <u>Centrally Billed</u> If your company is set up on Central Bill, this figure will represent the maximum amount that the cardholder can spend during each statement cycle, not the total outstanding on the card. For centrally billed accounts, the credit or spend limit is driven by the billing cycles and is not based on either the outstanding balance or when payments are made.

³SSN – This field is optional but if the cardholder's Social Security Number (SSN) is provided, this information will be used for authenticating callers when calling customer service about their card.

⁴**DOB** – This field is optional but if the cardholder's Date of Birth (DOB) is provided, this information will be used for authenticating callers when calling customer service about their card.

⁵Cardholder Phone Numbers – Please provide phone numbers for the cardholder to be contacted, particularly in the case of suspected fraud where our fraud teams may reach out to verify the authenticity of certain transactions. *It is particularly useful if they have a cell phone number for the fraud text alerts especially for cardholders who travel.* WE STRONGLY RECOMMEND INCLUDING A CELL PHONE NUMBER FOR EACH OF YOUR CARDHOLDERS TO AVOID DISRUPTIONS.

⁶Cardholder Mailing Address – This address will be used on the card level to send statements, various correspondence/letters and to issue the cards, unless a separate statement or card address has been designated at the company level. *Note: If centrally billed, individual cardholders will still receive monthly memo statements that show their transactions for each statement cycle.*