



State Farm Business Card Company Profile-L4

KP:C

This form is used to establish a new **Authorized Officer (AO)** for a Business Card account issued through U.S. Bank National Association. The Authorized Officer is authorized by the Business to execute binding agreements on the Business's behalf and is required to be a Cardmember. The Authorized Officer and the Authorized Representatives are the only persons who can make changes to the account(s) such as adding, changing, and/or deleting Cardmembers. The Authorized Officer accepts responsibility as described below. Sole Proprietorships and Single Member LLCs do not need to complete this form. **Please notify us immediately if there is a change in the Authorized Officer.**

1. Business Information (All fields required. Fields left blank will delay processing or result in a decline.)

Existing Company Profile Number (CPN) OR Credit Card Account Number

Tax Identification Number

Legal Structure (Check One):

Corporation Government Partnership Non-Profit LLC Association Municipality Organization Trust Sole Proprietorship AND Single Member LLC

Name of Business

Industry Type (Check One): Agriculture, Forestry, Fishing Construction Finance, Insurance, Real Estate Manufacturing Mining Public Administration Retail Trade

Services Transportation Other: _____ Industry Sub Type: _____

Business Street Address (No P.O. Boxes, U.S. Addresses only)

Suite/Unit #

City

State

ZIP

Business Phone Number

Nature of Business

Gross Annual Sales

Business 6-digit NAICS Code

(See www.naics.com/search for help)

Country of Formation: (If "Other" provide country name.) USA Other _____

2. Authorized Officer Information (All fields required. Fields left blank will delay processing or result in a decline.)

The AO is the designated person who is authorized to make changes such as adding or closing accounts and making line increase requests. The new Authorized Officer will be underwritten, which may affect the Business's credit line.

AO Title (Please select the option that most closely represents your position): COO CEO CFO General Manager Managing Member President
 Owner/Proprietor Vice President Treasurer Partner/Principal

Do you currently have a card for this business account? Yes No **If so, please provide the last 4 digits of the existing account number** _____

Would you like to keep the current AO card open? Yes No N/A

Name of Authorized Officer (First, Middle, Last)

Suffix (Optional)

Date of Birth (MM/DD/YYYY)

Social Security Number

Home Street Address (No P.O. Boxes, U.S. Addresses only)

Suite/Unit #

City

State

ZIP

Home Phone Number

Cellular Phone Number

Email Address²

\$

Annual income¹

Anticipated Monthly Spend

% of Ownership (If 0%, must write 0%)

¹Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

²We use email to communicate information about your credit card application and booked credit card accounts. Confidential, personal or financial information will never be sent or requested using the email provided.

3. Beneficial Owner(s) Information (All fields required. Fields left blank will delay processing or result in a decline.)

Please provide the following information for additional individual owners of the business who own 25% or more of the business. Do not include yourself. The Beneficial Owners named here will not be used to determine creditworthiness for approving this application, nor will they share liability for the account. You must notify us of any changes to Beneficial Owner Certification Information promptly following a change. Types of changes include a new individual who owns 25% or more of the entity or a new individual who controls the entity. **Sole Proprietorships, Government Agencies, Municipalities, Non-Profits, Associations, and Organizations are not required to complete this section.**

Name of Beneficial Owner (First, Middle, Last)		Suffix (optional)	Date of Birth		Social Security Number
Home Street Address (No P.O. Boxes allowed, U.S. Addresses Only)		Suite/Unit #	City	State	ZIP Code
%					
% of Ownership					

Name of Beneficial Owner (First, Middle, Last)		Suffix (optional)	Date of Birth		Social Security Number
Home Street Address (No P.O. Boxes allowed, U.S. Addresses Only)		Suite/Unit #	City	State	ZIP Code
%					
% of Ownership					

Name of Beneficial Owner (First, Middle, Last)		Suffix (optional)	Date of Birth		Social Security Number
Home Street Address (No P.O. Boxes allowed, U.S. Addresses Only)		Suite/Unit #	City	State	ZIP Code
%					
% of Ownership					

Name of Beneficial Owner (First, Middle, Last)		Suffix (optional)	Date of Birth		Social Security Number
Home Street Address (No P.O. Boxes allowed, U.S. Addresses Only)		Suite/Unit #	City	State	ZIP Code
%					
% of Ownership					

4. Application Agreement

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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.

Important Terms And Application Agreement

Authorized Officer authorizes U.S. Bank National Association ("we", "us", or "our") to obtain a business credit report and consumer credit report for use in assessing his/her personal creditworthiness in connection with an application by Business, of which Authorized Officer is an employee, principal, owner, partner, officer, or guarantor, for a Business Card Account ("Account") issued by U.S. Bank. We need such consumer reports because Authorized Officer may have direct, contingent, present, or future liability to us for the Business's obligation in connection with the Account. All applicants agree that, as long as the Account is open, we may obtain credit reports about the applicants from time to time. We reserve the right to consider the applicant for a lower line of credit if one was requested. The application must be signed by the Authorized Officer with authority to bind the Business to the terms of the Application Agreement. The Authorized Officer 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. If the Business is approved for the Account, the Authorized Officer requests and directs us to open an Account and to issue Account cards ("Cards") to any individual Employees of the Business, including the Authorized Officer, designated by the Authorized Officer on this Application or its addendum or by any process agreed to by us and the Business. The Authorized Officer and the Business shall be jointly and severally liable for all charges on the Account. Each applicant understands and agrees that we may increase or decrease the APR or credit limit assigned to the Account and/or to the Cards within the Account or close the Account at any time based on our credit guidelines, credit report information, Account history, or the financial circumstances of the Cardmember. At the time the Account is opened, individual Employees, including the Authorized Officer, will be issued Cards and a Cardmember Agreement governing individual use of the Account. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications—including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system—from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. Use of the Card or the Account will signify acceptance of the terms of the Cardmember Agreement, which may be amended from time to time. All applicants must be at least 18 years old and agree that Accounts will be used primarily for business purposes, and not personal, family, or household purposes. Information from this Application may be shared with our affiliates. Cash access is subject to credit approval. You certify that to the best of your knowledge, the information provided about yourself, the name and address provided for the legal entity customer, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity customer is complete and correct.

I have read this application and agree to its terms.

X

Printed Name of New Authorized Officer	Signature of New Authorized Officer/Applicant	Date (MM/DD/YYYY)
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Please forward this form to:	Business Card Processing	Fax: 866-807-9053
	P.O. Box 6380	
	Fargo, ND 58125-6380	