



GULF COAST BANK & Trust Company

COMPANY LIMIT REQUESTED \$ _____

BUSINESS CREDIT APPLICATION

Account Choice:
(Resolution may be required)

New Account

Non-Profit Account

Credit Line Increase

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

COMPANY Note: Avoid delay in processing your application, fill out applicable sections completely	Name			Tax ID number	
	Company Address		City	State	Zip
	Mailing Address (if different from above)		City	State	Zip
	Type of business			Years in Business	

ISSUE BUSINESS CARDS TO THESE INDIVIDUALS	Last Name		First	Middle	Social Security Number		Date of Birth
	Company Title		Division			Home Phone	Cell Phone
	Home Address		City			State	Zip
	Signature				Limit		
	Last Name		First	Middle	Social Security Number		Date of Birth
	Company Title		Division			Home Phone	Cell Phone
	Home Address		City			State	Zip
	Signature				Limit		

CREDIT INFO Attach Additional Sheets If Necessary	Bank Name		City		State	Zip
	Checking Account Number		Checking Account Number		Average Balance	
	Name / Address of Trade Reference		Account Number		Account Balance	Monthly Payment
	Name / Address of Trade Reference		Account Number		Account Balance	Monthly Payment
	Name / Address of Trade Reference		Account Number		Account Balance	Monthly Payment

Condensed Business FINANCIAL STATEMENT (detailed statement also required)	Current Assets		Current Liabilities		Net Worth Total Assets less Total Liabilities
	Total Assets		Total Liabilities		

SIGNATURES AND DISCLOSURE ACKNOWLEDGMENT	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: I/We hereby apply for a business credit card on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this request or in any related documents, that all information is true and complete and that I/we did not omit any important information. Gulf Coast Bank is authorized to verify with any other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Bank for that purpose. I authorize Gulf Coast Bank to obtain my individual consumer credit report in connection with all personal credit requests as well as commercial credit applications made by the applicant business. I also understand that you will review my banking relationship with you from time to time and give you permission now to obtain an updated consumer credit report as you determine necessary for the life of the service. I/We understand that Bank will retain this application and any credit information Bank receives, even if the business credit card is not granted. Bank may disclose to any other interested parties information as to Bank's experience or transactions with my/our account.					
	Authorized Signature _____ Date _____			Authorized Signature _____ Date _____		
	Authorization Officer must be one of the following. (check one) <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Treasurer <input type="checkbox"/> Owner <input type="checkbox"/> Partner			Authorization Officer must be one of the following. (check one) <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Treasurer <input type="checkbox"/> Owner <input type="checkbox"/> Partner		
	Acknowledgment of receipt of Credit Card Disclosure: Authorized Signer Initial _____			Authorized Signer Initial _____		

TRANSFER OF BALANCE REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.					
	Credit Card Account Number _____		Amount to be transferred \$ _____			
	Signature _____		Please send a COPY of your statement			

11/2020



INTEREST RATES AND INTEREST CHARGES GULF COAST BUSINESS MASTERCARD®

Annual Percentage Rate (APR) for Purchases	17.90% Fixed
APR for Balance Transfers	17.90% Fixed
APR for Cash Advances	17.90% Fixed
Penalty APR and When it Applies	None
How to avoid paying Interest on purchases	Your due date for repayment of balance for purchase and cash advances is at least 25 days if full previous balance is paid by payment due date.
Minimum Interest Charge	None

FEES GULF COAST BANK BUSINESS MASTERCARD®

Annual Fee	None
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Cash Advances • Foreign Transaction 	None 4.0% of the amount advanced, not to exceed \$20.00 . None
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Over-the-Credit Limit • Returned Payment 	If the minimum required payment is not received within 10 days after the closing date subsequent to the payment due date, a late payment fee of 15% will be imposed, not exceeding \$15.00 . \$15.00 None
Other Fees <ul style="list-style-type: none"> • Pay by Phone 	\$10.00 per request

Refer to specific business type agreement for additional terms and conditions

All contents are accurate at the time of printing, but subject to change.



FDIC

GULF COAST BANK & TRUST CO., Metairie, LA 70005



GULF COAST BANK
& Trust Company

The Bank That Cares About You!