

**Coleman County State Bank
Business Check Card Application**

Account Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Tax I.D. No.: _____

Primary Account Number Your Card Will Access: _____

Cardholder #1: _____ Daily Limit ATM: _____ POS: _____

Date of Birth: _____ Mother's Maiden Name: _____

Social Security No.: _____ Cell Phone No.: _____

Cardholder #2: _____ Daily Limit ATM: _____ POS: _____

Date of Birth: _____ Mother's Maiden Name: _____

Social Security No.: _____ Cell Phone No.: _____

Cardholder #3: _____ Daily Limit ATM: _____ POS: _____

Date of Birth: _____ Mother's Maiden Name: _____

Social Security No.: _____ Cell Phone No.: _____

Cardholder #4: _____ Daily Limit ATM: _____ POS: _____

Date of Birth: _____ Mother's Maiden Name: _____

Social Security No.: _____ Cell Phone No.: _____

As a representative of the above company I understand that I am not considered an owner of any of the above accounts and I am only allowed to perform functions in direct correlation with the perimeters above.

Cardholder #1 Signature: _____ Date: _____

Cardholder #2 Signature: _____ Date: _____

Cardholder #3 Signature: _____ Date: _____

Cardholder #4 Signature: _____ Date: _____

I certify that I am an authorized signor of the business. Furthermore I authorize Coleman County State Bank to issue the above named cardholders a business check card subject to the above limitations. The validity of the use of these cards is the responsibility of the account owner.

Account Owner's Signature: _____ Date: _____