



Applicant requests SMART DATA product for expense report management, cost allocation or data integration.

YES NO

Application for: (Please check one. If nothing is checked, the default is business card.)

BUSINESS CARD: (No Annual Fee) PURCHASING CARD: (\$150 annual fee)

Total Credit Limit Requested: _____

Business must be a current customer of the bank to be considered for a credit card account.

Information About Your Business - Applicant (Please Print Clearly)

Business Legal Name: _____

Doing Business As: _____ EIN/Tax ID #: _____

Business Location Address: _____

City: _____ State: _____ Zip Code: _____

Business Billing Address: _____

City: _____ State: _____ Zip Code: _____

Years In Business: _____ Number of Employees: _____ Gross Annual Sales: _____

Legal Structure: Corporation: _____ Partnership: _____ Sole Proprietor: _____ Non-Profit / NGO: _____ Other: _____

Nature Of Business: Agriculture: _____ Manufacturing: _____ Service: _____ Construction: _____ Retail: _____ Other: _____

Contact Person: First Name: _____ MI: _____ Last Name: _____

Business Phone: _____ Email Address: _____ Website Address: _____

Business Guarantor Information - Please visit www.stonegatebank.com/credit_cards.htm for supplemental guarantor form if more than one guarantor.

First Name: _____ MI: _____ Last Name: _____

Title: _____ SSN: _____ Birth Date (mm/dd/yyyy): _____

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

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Business Phone: _____ Cell Phone: _____

% of Ownership: _____ Years Owned: _____ Email Address: _____

Personal Annual Income: _____ Monthly Obligations: _____

Alimony, child support and other separate maintenance income need not be revealed if you do not wish to have it considered as part of your application.

Include an estimate of what you are personally required to pay on a monthly basis, including rent/mortgage, utilities and other expenses, etc.

Have you ever declared bankruptcy? Y N Have you ever been declined credit from Stonegate Bank? Y N

Identification #: _____ Driver's License Passport U.S. Permanent Resident Card

Issued By (State, Country): _____ Issue Date: _____ Expiration Date: _____

Resident Status: U.S. Citizen Permanent Resident Alien Non-Resident Alien: Passport #: _____

Country of Issuance: _____ ATTACH COPY OF PASSPORT

Signatures and Authorization

1. Each signatory has read the application and any accompanying documents and affirms that the information therein contained is true and correct and complete and not misleading, requests that a purchasing card account or business card account be opened in the name of the business applicant and agrees to the terms set out herein.
2. Each signatory understands and agrees that individual credit cards will be issued to named officers or employees of the purchasing card or business card applicant, and may contain both the name of the business applicant and the individual officer or employee thereon, and that while each card may have a different credit card number, all of the cards fall under the single account of the business applicant. Each named individual officer or employee may also be required to sign a personal guaranty regarding charges and advances attributable to his or her own credit card number.
3. Your business and personal credit history and the credit history of both the business applicant and any other designated individual officer or employee may be searched by us and you authorize us to obtain business or personal credit information and reports from credit reporting agencies, and we have the right to share information regarding the purchasing card account or business card account with others whom we believe have proper need or use for that information.
4. Each signatory hereto represents that his or her signature below is genuine and his or her proper title or office with the business applicant is true and correct, and that the signature of other officer, director, employee or agent is required in order to bind the business applicant to the terms and conditions of the purchasing card account or business card account arrangement, and that the signatures below are sufficient to bind the purchasing card account or business card account arrangement upon the business applicant.
5. Each signatory hereto, in consideration of the opening and existence of the purchasing card account or business card account applied for herein, personally and individually, jointly and severally, unconditionally guarantees the prompt and full payment of all amounts due or to become due under the purchasing card account or business card account arrangement applied for herein, and all interest and charges in connection with this purchasing card account or business card account arrangement, both now existing or which may be incurred or imposed in the future. If one or more of the obligations guaranteed hereby are not fully and timely paid or performed when due, each signatory hereto agrees that, upon request, you will pay or perform that obligation, without regard to any action on our part concerning the account. Each signatory agrees that no extension(s) of time, nor any other indulgence(s) granted by us to the business applicant or to any party signatory hereto, nor omission or delay by us in exercising any right against, or in taking action to collect from or pursue any other remedy, shall operate as a defense to this guaranty or otherwise affect your obligations hereunder.
6. This agreement is binding upon, and insures benefit of, the assigns, successors in interest, executors, administrators, heirs, devisees and legatees of the parties to this agreement.

Note: If the business is a corporation, this Application must be signed by the President, the Chairman of the Board or a Vice President. If the business is a partnership, this Application must be signed by all general partners or the managing partner. If the business is a sole proprietorship, this Application must be signed by the owner. If the business is an unincorporated association or a limited liability company, this Application must be signed by all members and managers.

Authorized Signer _____ Title _____

Print Name _____ Date _____

Authorized Signer _____ Title _____

Print Name _____ Date _____

TO SUBMIT YOUR APPLICATION

Please detach and mail this application in the included postage-paid envelope, or fax to: 954-659-3111. If you are missing the postage-paid envelope, mail to: Stonegate Bank, P.O. Box 266198, Weston, FL 33326.

If you have questions regarding your credit card application please contact your local branch, relationship manager, or email us at stonegatecardservices@stonegatebank.com. Please do not email any personal information that is not secure and encrypted.

Consolidated Pay or Individual Pay

- Consolidated Pay - All credit card sub accounts are attached to a control account number for billing purposes. No credit card is issued under the control account number. The control account statement will show all transactions for each sub account and display the combined payment due for all accounts. Cardholders will receive individual statements with transaction activity, but will not reflect a payment due.
- Individual Pay - Credit card sub accounts are not tied together for billing purposes. All cardholders will receive individual statements reflecting payment due and will be required to remit payment individually. If business is requesting purchasing cards, each card must individually qualify for cash back rewards if set up on Individual Pay.

Administrator Designation

Please indicate the names and email addresses of the individuals to be set up as system administrators on the Stonegate Card Services online system. View Only administrators have the authority to view related accounts, Full Access administrators have the authority to view related accounts, request additional cards, and redistribute credit limits.

Name _____ Email Address _____ View Only Full Access

Phone _____

Name _____ Email Address _____ View Only Full Access

Phone _____

Required Documentation

Please submit the following documentation with this Application. We may ask you for additional information.

- 1) Resolution: Current corporation resolution, partnership resolution, or sole proprietorship resolution containing borrowing authorization.
- 2) Personal Financial Statements: Submit current personal financial statements of all Principal(s) and/or Owner(s) with a 20% or greater ownership share, and any other person(s) who will serve as Guarantor(s).
- 3) Personal Tax Returns: Submit 2 years personal federal and state tax returns, including all statements, addendums, and K-1 statements, of all Principal(s) and/or Owner(s) of the business and any other person(s) who will serve as Guarantor(s).
- 4) Business Financial Statements: Submit most recent and financial statements for past 2 years (preferably prepared by an independent accountant).
- 5) Business Tax Returns: Submit 2 years federal and state tax returns for the business, including all statements, addendums, and K-1 statements.

Bank Use Only (Please do not write in this section)		
Branch #: _____	Bank Relationship Manager: _____	Officer #: _____



Please use this form for the addition or deletion of authorized users and for changes in credit limits for current authorized users.

IMPORTANT INFORMATION:

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 or has access to an account. By signing below, you understand that we will ask for the name, address, date of birth, Social Security Number, telephone numbers, residency status, and other information that will allow us to identify you and your authorized users. We may also ask to see drivers' licenses or other identifying documents.

Business Name _____

Authorized Users

	Name, Email Address, Mother's Maiden Name(MMN), Social Security Number (SSN)	Physical Home Address	Date of Birth (DOB), Country of Birth (COB), Identification#, Type of ID: Driver's License, Passport or U.S. Permanent Resident Card, Issue Date, Expiration Date, Issued By	Phone Numbers	Resident Status	Credit Limit Requested
1	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete (provide name and last 8 digits of card number: _____) First: _____ MI: _____ Last: _____ Email: _____ MMN: _____ SSN: _____		DOB: _____ COB: _____ ID #: _____ Type: <input type="checkbox"/> Driv. Lic. <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Perm. Res. Issue Date: _____ Expiration Date: _____ Issued By: _____	Home: _____ Work: _____ Cell: _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien - Please Provide: Passport #: _____ Issue Date: _____ Expiration Date: _____ Country of Issuance: _____ ATTACH COPY OF PASSPORT	\$ _____
2	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete (provide name and last 8 digits of card number: _____) First: _____ MI: _____ Last: _____ Email: _____ MMN: _____ SSN: _____		DOB: _____ COB: _____ ID #: _____ Type: <input type="checkbox"/> Driv. Lic. <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Perm. Res. Issue Date: _____ Expiration Date: _____ Issued By: _____	Home: _____ Work: _____ Cell: _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien - Please Provide: Passport #: _____ Issue Date: _____ Expiration Date: _____ Country of Issuance: _____ ATTACH COPY OF PASSPORT	\$ _____
3	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete (provide name and last 8 digits of card number: _____) First: _____ MI: _____ Last: _____ Email: _____ MMN: _____ SSN: _____		DOB: _____ COB: _____ ID #: _____ Type: <input type="checkbox"/> Driv. Lic. <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Perm. Res. Issue Date: _____ Expiration Date: _____ Issued By: _____	Home: _____ Work: _____ Cell: _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien - Please Provide: Passport #: _____ Issue Date: _____ Expiration Date: _____ Country of Issuance: _____ ATTACH COPY OF PASSPORT	\$ _____
4	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete (provide name and last 8 digits of card number: _____) First: _____ MI: _____ Last: _____ Email: _____ MMN: _____ SSN: _____		DOB: _____ COB: _____ ID #: _____ Type: <input type="checkbox"/> Driv. Lic. <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Perm. Res. Issue Date: _____ Expiration Date: _____ Issued By: _____	Home: _____ Work: _____ Cell: _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien - Please Provide: Passport #: _____ Issue Date: _____ Expiration Date: _____ Country of Issuance: _____ ATTACH COPY OF PASSPORT	\$ _____

If the above information is not true and correct Stonegate Bank reserves the right to deny or cancel the applicant's credit. If any card is to be authorized for use in Cuba, all authorized users must complete a Compliance Certification for Business and Purchasing Card form, which can be found at www.stonegatebank.com/credit_cards.htm.

At least one Business Guarantor (or authorized signer for non profit businesses) who signed the original application must sign below. By signing below you agree to all terms and conditions as stated in the latest cardholder agreement and disclosures. Please return this form to any Stonegate Bank office, fax to (954)659-3111, or mail to Stonegate Bank, P.O. Box 266198, Weston, FL 33326.

Authorized Signer Signature _____ Title _____

Print Name _____ Date _____

Authorized Signer Signature _____ Title _____

Print Name _____ Date _____

Bank Use Only (Please do not write in this section)	
<input type="checkbox"/> OFAC	By: _____ Date: _____
<input type="checkbox"/> Taxport	By: _____ Date: _____
<input type="checkbox"/> Upload or Maintenance By:	_____ Date: _____

Stonegate Bank Purchasing Card and Business Card Disclosures

EFFECTIVE April 15, 2016

Interest Rates and Interest Charges

ANNUAL PERCENTAGE RATE (APR) for Purchases

0% Introductory APR for the first 6 billing cycles following Account opening.
After that, your Purchasing Card APR will be **12.50%** and your Business Card APR will be **13.50%**. This APR will vary with the market based on the Prime Rate.

APR for Balance Transfers

3.50% Introductory APR for 6 billing cycles from the date of balance transfer.
After that, your Purchasing Card APR will be **12.50%** and your Business Card APR will be **13.50%**. This APR will vary with the market based on the Prime Rate.

APR for Cash Advances

15.50%
This APR will vary with the market based on the Prime Rate.

Penalty APR and When It Applies

NONE

Paying Interest

Your due date is at least 26 days after the close of each billing cycle. We will not charge you any interest on purchases or balance transfers if you pay your entire balance by the due date each month. We will begin charging interest on cash advances on the transaction posting date.

Minimum Interest Charge

If you are charged interest, the charge will be no less than \$1.00.

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://consumerfinance.gov/learnmore>.

Fees

Annual Fee

\$150 for Purchasing Card
NONE for Business Card

Transaction Fees

Balance Transfer: Either **\$5** or **3%** of the amount of each transfer, whichever is greater.
Cash Advance: Either **\$10** or **5%** of the amount of each cash advance, whichever is greater.
Foreign Transaction: **3%** of each purchase transaction in US dollars.

Penalty Fees

Late Payment: Up to **\$25***
Returned Payment: Up to **\$25**

How We Will Calculate Your Balance: We use a method called “average daily balance” (including new purchases).

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your Cardholder Agreement.

Loss of Introductory APR: If you make a late payment during the Introductory APR promotional period we may end your introductory APR for new Purchases and Balance Transfers and apply the APR in effect at that time.

* If your Minimum Payment Due is not received by your Payment Due Date, a Late Payment Fee of \$25 will be assessed. However, the Late Payment Fee will not exceed the total minimum payment that was due.

All account terms are governed by the Cardholder Agreement. Account and Agreement terms are not guaranteed for any period of time. In accordance with the Agreement and applicable law, we may change them based on information in your credit report, market conditions, business strategies, or for any reason.

Business Credit Card Terms and Conditions

These terms are accurate as of April 15, 2016, but may have changed after this date. To find out what may have changed, you may write to us at the following address: Stonegate Bank Card Services, P.O. Box 10069, Pompano Beach, Florida 33061.

Terms and Conditions: By submitting an application:

- The Business ("you" and "your" means the owner, officer, or partner of the company with the authority to bind the company to the terms and conditions of this offer and the Business Cardholder Agreement (the "Agreement"), and who is agreeing to the terms on their own behalf and that of the company) is applying for a MasterCard® credit card account (the "Account") to be issued by Stonegate Bank ("we", "us" and "our"), which is headquartered in and operating under the laws of the State of Florida.
- You understand that we will rely on the information you provide on and in connection with this application, including financial information, and you certify that this information is accurate and complete. You also certify that you have the authority to permit us to issue your credit card containing the company name as completed on the form.
- You authorize us to obtain consumer credit reports and other information about you for purposes of reviewing your application and, if your application is approved, for purposes of reviewing, updating, renewing, and servicing your Account.
- You also authorize us to verify your business and all other information about you with creditors, credit reporting agencies, and other third parties, and through records maintained by government agencies. You waive any rights of confidentiality you may have in this information, to the extent permitted under applicable law.
- If your application is approved, the Account will be governed by the Agreement, which is sent with the card(s) for each Account. You agree to read the Agreement carefully before you use or permit anyone else to use the Account. By using the Account or any card, or permitting such use, you agree to be bound by the terms of the Agreement. The Account and the Agreement are governed by Florida law and federal Law. We may change the terms of the Account as provided in the Agreement.
- You agree we may contact you at any phone number, including cell phone numbers, you provide to us on this application or otherwise and at any number where we believe we may reach you. You may also be contacted by companies working on our behalf to service your accounts. We may contact you using these numbers even if you are charged for the call or text message under your phone plan.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in the Agreement.

Prime Rate: Except for any introductory Annual Percentage Rate, ("APR"), the APR for purchases, cash advances, and balance transfers is subject to change based on the U.S. Prime Rate ("Prime Rate") as published in the Money Rates table of *The Wall Street Journal* that is in effect on the last day of the month. If the Prime Rate changes, we will change any variable rates on the first business day of the month, but at least twenty-eight (28) days after the published change of rate. As of the date shown above, the U.S. Prime Rate was 3.50%. All rates applicable to the Account are variable but no APR will exceed the maximum rate permitted by applicable law. The APR for cash advances on both card products is calculated by adding 12% to the Prime Rate.

Change of Terms: We may change this Agreement as allowed by applicable law. This may include changing, adding, or removing terms. We may do this in response to legal, business, competitive environment or other reasons not listed here. We may increase the Finance Charge rate on existing balances in limited circumstances. Changes to some terms may require at least 45 days advance notice, and we will tell you in the notice if you have the right to reject a change. You agree that the change may cover all transactions made 15 days after we mail the notice. If you do not agree to the change, a method for rejecting the change and closing the account will be provided in the Change of Terms Notice. You agree that if you use your card after the effective date of the change, this will constitute your agreement with the change.

Notice to Cardholders and Authorized Users about Negative Information Furnishing: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

California Residents: Applicant, if married, may apply for a separate account. After credit approval, each applicant shall have the right to use this account to the extent of any credit limit set by the creditor and each applicant may be liable for all amounts of credit extended under this account to each joint applicant.

New York Residents: Call the New York State Department of Financial Services at 1-800-342-3736, or visit its website at <http://www.dfs.ny.gov/consumer/creditdebt.htm>, for a comparative list of credit card rates, fees and grace periods.

Married Wisconsin Residents: No provisions of any marital property agreement, unilateral statement under section 766.59 or court decree under section 766.70 will adversely affect the interest of the creditor unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement, statement, or decree or has actual knowledge of the adverse position when the obligation to the creditor is incurred. We are required to ask you to provide the name and address of your spouse.

Rewards Programs:

- Stonegate Bank Business Card: Business cardholders earn 1 point for each dollar spent on eligible purchases of goods and services. Business cardholders are automatically enrolled in the MasterCard Rewards program and you will be able to redeem rewards at any time that your account is in good standing. Reward points expire three years from the date on which they were earned without prior notice to you. When you redeem your points for rewards they are deducted from your point balance on a first-earned, first-redeemed basis. Complete program terms and conditions may be found at www.mastercardrewards.com, or you may call MasterCard Rewards Customer Service at 1-877-392-0298.

To find out more visit our website at www.stonegatebank.com/credit_cards.

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