



## EXPAND YOUR BUSINESS

Your business is important to you, and you want peace of mind when it comes to managing its financial needs. At First Southern Bank we strive to understand what those needs are. We have created a variety of business solutions to help you manage the small everyday details to planning for the future.

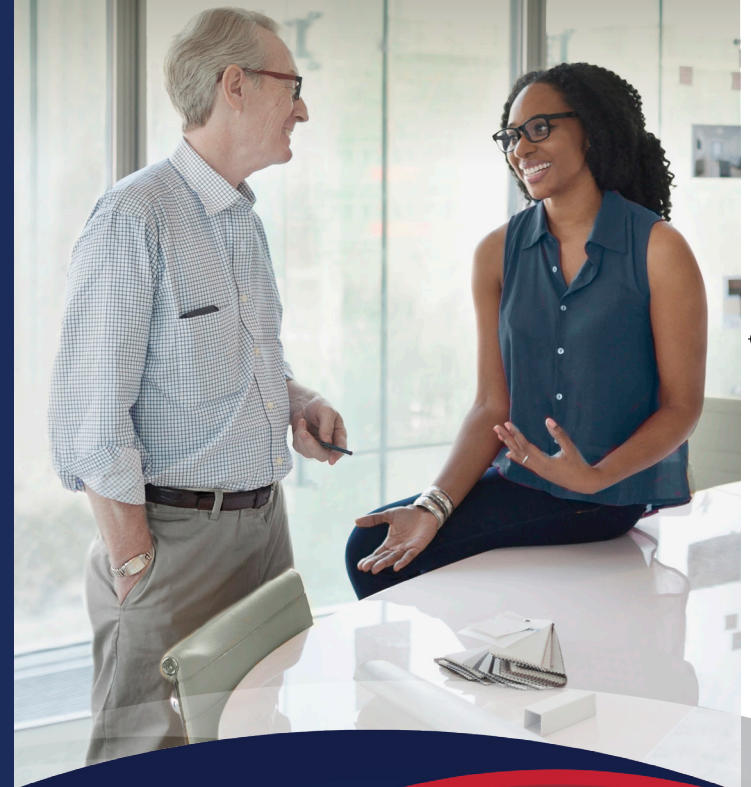


FIRST SOUTHERN  
BANK

[www.fsb-bank.bank](http://www.fsb-bank.bank)

Member  
**FDIC** |   
EQUAL HOUSING  
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– APPLY NOW –  
*With & For  
Businesses  
Since 1907*



  
FIRST SOUTHERN  
BANK

uChoose  
Rewards

**EARNING  
POINTS IS EASY.  
REDEEMING  
THEM IS FUN!**

Earn points toward great rewards that you can enjoy all year long. uChoose Rewards® points can be redeemed for cash, travel, event tickets, gift cards from popular retailers, merchandise and more!

Visit [uChooseRewards.com](http://uChooseRewards.com) for additional information.



**INFORMATION ABOUT  
RATE FEES COSTS &  
OTHER TERMS**

INTEREST RATES AND CHARGES	VISA® COMMERCIAL REWARDS
Annual Percentage Rate (APR) for Purchases	<b>13.24%*</b> This APR will vary with the Market Rate based on the Prime Rate.
APR for Cash Advances	<b>13.24%*</b> This APR will vary with the Market Rate based on the Prime Rate.
How to Avoid Paying Interest on Purchases	Your Due Date is 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date (Grace Period) each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.00
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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>
FEES	VISA® COMMERCIAL REWARDS
ANNUAL FEE	<b>\$12.00</b>
TRANSACTION FEES	
– Cash Advances	<b>3.0%</b> of amount advanced <i>(No minimum / \$50.00 maximum)</i>
– Convenience Checks	<b>3.0%</b> of amount advanced <i>(No minimum / \$50.00 maximum)</i>
– Foreign Transaction	The card network that processes these transactions will calculate the U.S. Dollar amount for each such transaction using its own currency conversion procedures. Those fees will be passed on to the cardholder.
PENALTY FEE	
– Late Payment	<b>\$35.00</b>
– Over-the-Credit-Limit <i>(must be opted in)</i>	N/A
– Returned Payment	<b>\$35.00</b>

\*This rate will be calculated by adding 4.99% to the current Prime Rate published in the Wall Street Journal on the last day of the prior month. **How We Will Calculate Your Balance:** We use a method called "average daily balance" (including new purchases). \*An explanation of this method is provided in your account agreement. **Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

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Businesses  
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# AUTHORIZED CARDHOLDERS

Business fully understands and agrees that all Authorized Users listed above are the business' responsibility if the card(s) are lost or stolen and agree that the business will immediately notify First Southern Bank at 1-855-349-2448 or 912-490-1010 of such loss. If the credit card is misused by an Authorized User, business accepts full responsibility.

1	Name		DOB	
	Primary Phone		SSN	
	Address			
	City	State	ZIP	Spend / Credit Limit
	Bill 0=Consol 1=Ind	Email		
2	Name		DOB	
	Primary Phone		SSN	
	Address			
	City	State	ZIP	Spend / Credit Limit
	Bill 0=Consol 1=Ind	Email		
3	Name		DOB	
	Primary Phone		SSN	
	Address			
	City	State	ZIP	Spend / Credit Limit
	Bill 0=Consol 1=Ind	Email		
4	Name		DOB	
	Primary Phone		SSN	
	Address			
	City	State	ZIP	Spend / Credit Limit
	Bill 0=Consol 1=Ind	Email		
5	Name		DOB	
	Primary Phone		SSN	
	Address			
	City	State	ZIP	Spend / Credit Limit
	Bill 0=Consol 1=Ind	Email		

## ISSUING A CARD FOR AUTHORIZED CARDHOLDERS

1. A minimum of one Authorized User is required. Card(s) must be embossed in an Individual User's name.
2. Each card will be embossed with a unique number assigned to the individual card user.
3. Complete and submit additional pages of this section for companies that require more than 5 cards embossed.
4. Embossing on card is limited to a total of 21 characters and spaces, abbreviate name if necessary.)

INTERNAL USE ONLY		
Visa Relationship Account No.		
Date Approved	Credit Line	Approved by

## SIGNATURES

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:** This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

### AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING:

- President  Vice President  Treasurer  Owner  Partner

Name of Company		
X		
Applicant Signature	Title	Date
X		
Co-Applicant Signature	Title	Date

### AUTHORIZATION OF JOINT APPLICANT (IF APPLICABLE)\*\*

**JOINT APPLICATION DISCLOSURE:** By signing below we intend to apply for joint credit. The specific condition, terms, rates, and fees associated with this loan have been discussed with the co-applicant and are represented in the disclosure documents provided to the co-applicant by Bank.

Printed Name		
X		
Co-Applicant Signature	Title	Date

# APPLY NOW

Detach, complete & return to a First Southern Bank Associate

Limit Increase  
**Credit Limit Requested \$** \_\_\_\_\_  
*(Bank may assign a lower credit limit.)*

**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 business entity and/or person who opens an account. What this means for you: When you open an account, we will ask for your Federal Tax Identification Number, full legal name of your business, the physical address of your business; if you are an individual, we will ask for your full name, physical 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 that will aid in confirming this information.

## BUSINESS INFORMATION

Business Name to Appear on Card(s) *(Max. 21 characters)*

Name of Business	SSN / Tax ID No.	
Business Address <i>(Required – NO P.O. Boxes Allowed, US Addresses Only)</i>		
City	State	ZIP
Email	Business Phone Number	
Mailing Address <i>(If Different Than Above)</i>		
City	State	ZIP

## BUSINESS OWNER INFORMATION

Owner Type	<input type="checkbox"/> President	<input type="checkbox"/> Owner / Proprietor	<input type="checkbox"/> Vice President
	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Partner / Principal	<input type="checkbox"/> General Manager
	<input type="checkbox"/> COO	<input type="checkbox"/> CEO	<input type="checkbox"/> CFO
Name of Business Owner <i>(First, Middle, Last)</i>			
Home Address <i>(Required – NO P.O. Boxes Allowed)</i>			
City	State	ZIP	SSN
DOB	Primary Phone	% of Ownership	
Email			

## BENEFICIAL OWNER INFORMATION

Please provide the following information for additional owners of the business who own 25% or more of the business. Do not include yourself. The Beneficial Owners names here will not be used to determine creditworthiness for approving this application, nor will they share liability for the account. Government agencies and non-profit organizations are not required to complete this section.  
 \*Required – No P.O Boxes

1	Full Name (First, Middle, Last)		Suffix	Address*		
	City		State	ZIP	DOB	SSN
	% of Ownership	<input type="checkbox"/> Are you a Politically Exposed Person? Check here if <b>you</b> or an immediate <b>family member</b> or <b>close associate</b> has held/holds a position as a domestic or foreign senior political figure. Such positions include senior officials in the executive, legislative, administration, military or judicial branches of any domestic or foreign government.				
	<input type="checkbox"/> Check here if you would like this Beneficial Owner to receive a credit card upon approval of this application.					
	If above checked for card, please answer the following:		Spend Limit \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Full Name (First, Middle, Last)		Suffix	Address*		
	City		State	ZIP	DOB	SSN
	% of Ownership	<input type="checkbox"/> Are you a Politically Exposed Person? Check here if <b>you</b> or an immediate <b>family member</b> or <b>close associate</b> has held/holds a position as a domestic or foreign senior political figure. Such positions include senior officials in the executive, legislative, administration, military or judicial branches of any domestic or foreign government.				
	<input type="checkbox"/> Check here if you would like this Beneficial Owner to receive a credit card upon approval of this application.					
	If above checked for card, please answer the following:		Spend Limit \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Full Name (First, Middle, Last)		Suffix	Address*		
	City		State	ZIP	DOB	SSN
	% of Ownership	<input type="checkbox"/> Are you a Politically Exposed Person? Check here if <b>you</b> or an immediate <b>family member</b> or <b>close associate</b> has held/holds a position as a domestic or foreign senior political figure. Such positions include senior officials in the executive, legislative, administration, military or judicial branches of any domestic or foreign government.				
	<input type="checkbox"/> Check here if you would like this Beneficial Owner to receive a credit card upon approval of this application.					
	If above checked for card, please answer the following:		Spend Limit \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Full Name (First, Middle, Last)		Suffix	Address*		
	City		State	ZIP	DOB	SSN
	% of Ownership	<input type="checkbox"/> Are you a Politically Exposed Person? Check here if <b>you</b> or an immediate <b>family member</b> or <b>close associate</b> has held/holds a position as a domestic or foreign senior political figure. Such positions include senior officials in the executive, legislative, administration, military or judicial branches of any domestic or foreign government.				
	<input type="checkbox"/> Check here if you would like this Beneficial Owner to receive a credit card upon approval of this application.					
	If above checked for card, please answer the following:		Spend Limit \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## GUARANTOR INFORMATION

Up to nine guarantors allowed.

1	Name of Personal Guarantor		
	Phone	SSN	DOB
	Address		
	City	State	ZIP
	Signature		
2	Name of Personal Guarantor		
	Phone	SSN	DOB
	Address		
	City	State	ZIP
	Signature		
3	Name of Personal Guarantor		
	Phone	SSN	DOB
	Address		
	City	State	ZIP
	Signature		
4	Name of Personal Guarantor		
	Phone	SSN	DOB
	Address		
	City	State	ZIP
	Signature		