


SUMMARY OF TERMS

The information is accurate as of June 1, 2009 and is subject to change. For any changes which may have occurred after that date, please contact us.

CREDIT DISCLOSURE	MASTERCARD BUSINESSCARD
Annual Fee	None
Rewards Enrollment Fee	\$49.00 per year / per company
Annual Percentage Rate (APR) Purchases	17.99%
Annual Percentage Rate (APR) Cash Advances	18.00%
Annual Percentage Rate (APR) Balance Transfers	17.99%
Method of Computing the Balance for Purchases	Average Daily Balance (including new purchases)
Grace Period for Purchases	25 days from the periodic statement, provided you have paid your previous balance in full by the due date.
Grace Period for Cash Advances & Balance Transfers	The grace period does not apply to cash advances and balance transfers
Minimum Finance Charge	\$1.00
Documents Fee	\$2.50 per page copied
Transaction Fee for Cash Advances	2% of advance amount / \$2.00 minimum
Late Payment Fee	\$20 or 10% of the payment due, whichever is greater
Overlimit Fee	\$25.00
Returned Check Fee / Returned Payment Fee	\$28.00

I understand the agreement terms (for example, rates and fees) are subject to change at your discretion. There are costs associated with the use of this card. To request specific information about the costs or for any changes to the terms disclosed, please contact us at PO Box 228, Wakefield, MA 01880 or call 866-377-4148

Card issued by Somerset Trust Company, Somerset, Pennsylvania. 

*With the MasterCard
BusinessCard advantage you'll
improve cash flow, keep
business and personal
expenses separate, plus you'll
enjoy...*



Central summarized billing to your business



Individual accounts for employees with your business name and the employee's name displayed on the card



Ability to set and monitor individual cardholder spending limits



Free online account management
www.bizcardonline.com



Free MasterCard SecureCode fraud protection for online purchasing

...and so much more, call us TODAY!!!!

BizCard®

The card
that works as hard
for your business
as you do...



Convenience

Security

and Worldwide Acceptance

Apply TODAY!



BUSINESS CARD SERVICES
PO BOX 228
WAKEFIELD MA 01880-9912

POSTAGE WILL BE PAID BY ADDRESSEE
FIRST-CLASS MAIL PERMIT NO 715 WAKEFIELD MA
BUSINESS REPLY MAIL



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



MasterCard BusinessCard Application

Bank _____
Branch _____
Officer _____

Business Information (please print)

Business name as you would like it to appear on card:

Legal name of business (if different from above):

Billing address: _____ City _____ State _____ Zip _____

Street address (if different from above): _____ City _____ State _____ Zip _____

Business phone, including area code: _____ *Annual gross revenue \$ _____ Annual net profit \$ _____

Type of business: Sole Proprietorship; General Partnership; Limited Liability Company; Corporation;
 Limited Partnership; Other (describe)

* Depending on the credit limit amount requested, additional financial information may be requested

Year your business was started _____ Tax ID # _____ DUNS # (if available) _____ Nature of Business _____

Cards for You and Your Employees

You may authorize to use your account the person(s) identified as your "authorized user(s)". Each authorized user will be issued a card. The authorized user must affix his or her signature on the reverse side of the card. The persons you list below are designated as authorized users. For each card issued, you must designate an individual credit limit. The individual credit limits will be added to determine the total credit limit (credit limits are subject to approval.)

1st Cardholder's Name <small>(as you would like it to appear)</small>	SSN	Credit Limit	e-mail address
2nd Cardholder's Name <small>(as you would like it to appear)</small>	SSN	Credit Limit	e-mail address
3rd Cardholder's Name <small>(as you would like it to appear)</small>	SSN	Credit Limit	e-mail address
4th Cardholder's Name <small>(as you would like it to appear)</small>	SSN	Credit Limit	e-mail address
Total Credit Requested			

Account Options

- Additional cards if more than four (we will contact you)
- Consolidated statement to be paid by company on behalf of cardholder Send a separate statement to each cardholder
- Automatic payment – debit my checking account monthly Transit Routing # _____ Checking Account # _____
- Debit my account for the full balance Debit my account for \$ _____ Debit my account for the minimum payment amount

Authorized Contact

The Authorized Contact will be authorized to access account information on behalf of the Business entity, as well as to make changes to the accounts, including but not limited to, requesting credit line increases and additional cardholders.

Name _____ e-mail address _____ Password _____

Owner or Authorized Officer Acknowledgement and Information

Name (please print)	Title/Position	Home Phone	
Social Security No. (SSN)	Date of Birth	Gross Annual Salary	
Home address	City	State	Zip
Street address (if different than above) <small>(Federal Law requires us to collect and verify your name, physical street address, Social Security number and date of birth)</small>	City	State	Zip

Signature

By signing below, I acknowledge and agree on behalf of the Business entity and myself as the Authorized Officer; (1) that all information provided in connection with this Request Form is correct; (2) that the Bank may investigate and exchange reports regarding information on the Authorized Officer and the Business entity with credit reporting agencies and others; (3) that the account will be used for business purposes only; (4) to all terms of the Commercial Credit Agreement provided with the cards; (5) that my Financial Institution may release information about the Authorized Officer and Business entity and their accounts; (6) that the Business entity and I, personally and in my individual capacity, will each be liable for all charges, fees and finance charges on all the cards and accounts issued pursuant to this request or my other future requests to add additional cards or accounts. (In the case of a non-profit organization, the Authorized Officer will not be personally liable as set forth in #6 above, only the Business entity will be liable.)

x _____ x _____
Authorized Officer Signature Date