

# Mastercard® Business Credit Card

Payments made faster, safer, smarter.



## Show bottom line expenses who's boss.

### FirstRewards® World Mastercard® for Business

Spend. Earn. Redeem. Repeat.

Turn most anything you pay for — company bills, business travel, fuel and maintenance, office utilities and supplies, even your accounts payable — into rewards you can redeem with local businesses, businesses just like yours. Points add up fast and they never expire.

An easy way to keep local dollars driving local business:

- Every \$1 spent equals 1 point earned<sup>1</sup>
- Points can be redeemed for travel, gift cards, and merchandise
- Local rewards such as gift cards or experiences for businesses in your community
- No annual fee for the first year<sup>2</sup>

### Mastercard Business Card

Everyday business with less busy work.

The business credit card with straight up value. No annual fee, with all the convenience and benefits you need to get your day-to-day work done, from office expenses to business travel.

Additional Mastercard Business credit card benefits:<sup>1</sup>

- Free fraud monitoring protection, 24/7/365
- Zero Liability on unauthorized purchases
- Online account management for 24/7 access
- Mastercard Easy Savings with automatic rebates
- Primary auto rental coverage and roadside assistance
- Extended warranty
- World Mastercard security and benefits

Subject to credit approval.

<sup>1</sup> Visit [firstinterstate.com](http://firstinterstate.com) for a full description of benefits; certain conditions and exclusions apply.

<sup>2</sup> See Interest Rates, Interest Charges, and Fees for complete rate and fee information.

#### FirstRewards World Mastercard for Business

#### Mastercard Business Card

##### INTEREST RATES & INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases and Balance Transfers (REWARDS) **16.25%**  
This APR will vary with the market based on the Prime Rate.

Annual Percentage Rate (APR) for Purchases and Balance Transfers (NON-REWARDS) **16.25%**  
This APR will vary with the market based on the Prime Rate.

APR for Cash Advances **25.50%**  
This APR will vary with the market based on the Prime Rate.

Penalty APR and When it Applies **30.49%**  
This APR will vary with the market based on the Prime Rate. This APR may be applied to your account if you make a late payment.

How to Avoid Paying Interest on Purchases  
Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.

Minimum Interest Charge  
If you are charged interest, the charge will be no less than \$1.50.

##### FEES

Annual Fee (REWARDS) **None** the first year. Thereafter, \$50 per card per year. (Maximum fee \$200)

Annual Fee (NON-REWARDS) **NONE**

##### Transaction Fees

Balance Transfer  
Either **\$10** or **3%** of the amount of each transfer, whichever is greater.

Cash Advance  
Either **\$10** or **4%** of the amount of each cash advance, whichever is greater.

Foreign Transaction **None**

##### Penalty Fees

Late Payment **\$10**

Returned Payment **\$29**

Over-the-Credit Limit **\$35**

**How we will calculate your balance:** We use a method called "average daily balance (including new purchases)." **Expedited card production and delivery:** Upon request, we will rush deliver your card and charge you a one-time fee of \$28.50. **All account terms are governed by the Cardholder Agreement.**

First Interstate Bank reserves the right to increase, decrease, or cancel the initial credit line(s) assigned to the Applicant according to First Interstate Bank credit guidelines, account history, or the financial circumstances of the Applicant and may pull your credit report to do so. The information about the costs of the card is accurate as of March 2020. This information may change after that date. To find out what may have changed, write to First Interstate Bank, Payment Services Division, P.O. Box 30918, Billings, MT 59116-0918 or call 855-342-3400.

# Mastercard® Business Credit Card Application

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## BUSINESS INFORMATION

Please select the credit card for which you are applying:

- FirstRewards® World Mastercard® for Business
- Mastercard® Business Card (non-rewards)

Business Name (without punctuation, max. 25 characters)

Business Legal Name (if different than above)

Taxpayer ID Number (TIN)

Nature of Business

Billing Address

City State Zip

Physical Address of the Business (if different than above)

City State Zip

Business Phone Business Fax

Email (required)

Year Business Started

\$

Gross Annual Sales

## GUARANTOR/OWNER INFORMATION

First Name Last Name

Association with Business:

- President/Chairman  Owner/Proprietor  Vice President
- Treasurer  Partner
- Other (specify):

Home Address (must be a physical address, no P.O. boxes)

City State Zip

Home Phone

Social Security Number (must be issued by U.S.) Date of Birth

Do you rent or own your home?  Own  Rent  Other

\$

Monthly Rent/Mortgage Payment

\$

**Personal Gross Monthly Income**  
(Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)

Nearest Relative Not Living With You

Nearest Relative Relationship

Nearest Relative Home Phone

## BUSINESS STRUCTURE (Check One)

- Sole Proprietorship  Partnership  LLC  Corporation – For Profit  Corporation – Nonprofit  State or Government Entity
- Other (specify):

## CARDHOLDER INFORMATION

The Business hereby requests that the following credit card(s) be issued on behalf of the Business to the authorized user(s) named below. Complete other authorized user(s) names on a separate sheet.

\$

Total Requested Credit Line

Name (type or print)	Cell Phone	Requested Credit Limit

# Mastercard® Business Credit Card Application

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## PLEASE READ BEFORE SIGNING

The undersigned (the "Authorized Principal," whether one or more) is an authorized owner or officer of the Business Applicant (Sole Proprietor – owner/ Partnership or Limited Liability Partnership – partner(s)/ Limited Partnership – general partner(s)/ Member Managed Limited Liability Company – member(s)/ Manager Managed Limited Liability Company – manager(s)/ Corporation – officer). By signing this Application, the Authorized Principal and the Business, through Authorized Principal (and the Guarantor by signing the Guaranty below):

1. Certify to First Interstate Bank ("Issuer," "us," or "we") that Authorized Principal is authorized pursuant to Business action to bind the Business and may designate who may receive and use credit cards issued to the Business.
2. Certify that the credit card(s) issued on this account will be used for business purposes only.
3. Authorize us to obtain credit bureau reports on the Business and Guarantor that will be used by us for determining eligibility when considering the Business for credit. Authorize us to obtain credit bureau reports and any other information about the Business and Guarantor in connection with: a) extensions of credit on the account; b) the administration, review or collection of the account; and c) offering the Business enhanced or additional products and services. Upon Business and/or Guarantor request, we will provide the name and address of the credit bureau from which we obtained a report.
4. Understand that we may provide information about the account, the Business and/or Guarantor(s) to credit reporting agencies at any time.
5. Certify that the Business desires the account to be accessed by certain of its affiliated entities and/or individuals ("Authorized User") as indicated on the application or in writing after account opening.
6. Certify that the Business appoints the Business Account Administrator (whether one or more) the ability to: a) designate who may receive and use credit cards issued to the Business; b) inquire about account information; c) make adjustments to the account, including but not limited to closing accounts, increasing account limits, transferring FirstRewards points, changing addresses; and d) initiate special account services as identified in the Cardholder Agreement.
7. Agree that if an account is opened, grant to us a contractual security interest and right of setoff in Business deposit accounts with the Issuer.
8. Agree that if an account is opened, Business will receive a Cardholder Agreement. The Business agrees to the terms of the agreement for each card by: using the account or any credit card, authorizing their use, or making any payment on the account.
9. Understand that if ten (10) or more credit cards are issued for use by Business employees, Business and Guarantor agree that notwithstanding the limitations imposed by federal law and regulation, there will be no limit to Business and Guarantor's liability for unauthorized use.
10. Acknowledge that Issuer reserves the right to deny credit to the Business.
11. Acknowledge that we reserve the right to change the account terms according to Issuer's credit guidelines, or the account history and financial circumstances of the business. This may include but is not limited to a reduction or termination of the credit limit, changes in the APRs applicable to the account or changes to other terms of the account.

**IMPORTANT INFORMATION ABOUT OPENING AN 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 person who opens an account. What this means to you: When you open an account, we will ask you 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.

I certify that I have read and agreed to all the terms and conditions, authorizations, and disclosures included with this application and that everything stated in this application is true and correct.

## AUTHORIZED PRINCIPAL/OWNER/OFFICER

_____ Name (type or print)	_____ Title
_____ Signature	_____ Date
_____ Name (type or print)	_____ Title
_____ Signature	_____ Date

## GUARANTY

The undersigned (the "Guarantor," whether one or more) agrees to the terms and conditions of this business credit card application. For valuable consideration, Guarantor personally guaranties the obligations of the Business under the account to be established pursuant to this application. This Guaranty is absolute, continuing and irrevocable. Guarantor expressly waives presentment, demand and all notices, including notice of renewal, modification or default relating to the account and further waives any right to require Issuer to proceed against Business for the indebtedness owing under the account. If this Guaranty is placed in the hands of an attorney for collection, or if suit is brought for its enforcement, Guarantor shall pay all reasonable attorney's fees and costs incurred by Issuer. Each Guarantor is jointly and severally liable for the guaranteed indebtedness owing under the account.

_____ Name (type or print)	_____ Title
_____ Signature	_____ Date

## FOR BANK USE ONLY

**Businesses with a credit line ≥ \$50,000 are required to pay the balance in full monthly**

Was this decided using Creditime?

Yes     No\*

\*If no, please submit appropriate approval documentation with completed application (ie: SBL Form, LAF, WAM). Guarantor is required unless waived as part of approval documentation. If guaranty was waived, initial here: \_\_\_\_\_

EMPLOYEE NAME FOR SALES CREDIT: \_\_\_\_\_

I (Relationship Manager/Loan Officer) have submitted the necessary documents and obtained approval for the requested credit card line in the "Cardholder Information" section following First Interstate's Credit Policy.

\_\_\_\_\_  
Relationship Manager/Loan Officer Printed Name      Branch #

\_\_\_\_\_  
Relationship Manager/Loan Officer Signature

# Certification of Beneficial Owners of Legal Entities

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## I. ENTITY INFORMATION

Legal Entity TIN:	Name of Legal Entity Opening Account(s):	Date Account(s) Opened/Triggering Event:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address of Legal Entity (no P.O. Boxes):	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list account(s) opened

Account Type:	Account #:	Account Type:	Account #:
1. <input type="text"/>	<input type="text"/>	4. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	5. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	6. <input type="text"/>	<input type="text"/>

## II. GENERAL INFORMATION

### What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e. the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purpose of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

### What information do I have to provide?

This form requires you to provide the name, address, date of birth, and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the following individuals (i.e. the **beneficial owners**).

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g. each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g. a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy the definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g. the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e. one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

# Certification of Beneficial Owners of Legal Entities

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## III. CERTIFICATION OF BENEFICIAL OWNER(S)

A. Persons opening an account on behalf of a legal entity must provide the following information:

Name of Natural Person Opening Account:

Title of Natural Person Opening Account:

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**Important:** If the Legal Entity for which the account is being opened falls into any of the categories below, check the appropriate option and write the exemption type on the signature line (a customer signature is not required; neither Sections B nor C need to be completed). If it does not fall into any of these categories, complete Sections B and C and a customer signature are required.

- A Phase I Exempt Entity, specify:
  - A government entity
  - A publicly traded company
  - A subsidiary of a publicly traded company
- Informal entity/organization/partnership
- An issuer of a class of securities registered under section 12 of the Securities Exchange Act of 1934 or that is required to file report under section 15(d) of that Act
- An investment company, as defined in section 3 of the Investment Company Act of 1940, that is registered with the Securities and Exchange Commission under that Act
- An investment advisor, as defined in section 202(a)(11) of the Investment Advisers Act of 1940, that is registered with the Securities and Exchange Commission under that Act
- An exchange or clearing agency, as defined in section 3 of the Securities and Exchange Act of 1934, that is registered under section 6 or 17A of that Act
- A public accounting firm registered under section 102 of the Sarbanes-Oxley Act
- A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, each as defined in section 1a of the Commodity Exchange Act, that is registered with the Commodity Futures Trading Commission
- A financial institution regulated by a Federal functional regulator or a bank regulated by a State bank regulator
- A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 U.S.C. 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owner's Loan Act (12 U.S.C.1467a(n))
- A pooled investment vehicle that is operated or advised by a financial institution regulated by a Federal functional regulator or bank regulated by a State bank regulator
- A non-U.S. governmental department, agency, or political subdivision that engages only in governmental rather than commercial activities
- A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010
- A foreign financial institution established in a jurisdiction where the regulator of such institution maintains beneficial ownership information regarding such institution
- Any other entity registered with the Securities & Exchanges Commission under the Securities Exchange Act of 1934
- Any legal entity only to the extent that it opens:
  - A private banking account subject to 31 CFR §101.620
  - An account opened for participating in an employee benefit plan established under ERISA
- A non-statutory Trust (trust created without filing with a Secretary of State or similar office)
- An insurance company that is regulated by a State
- A sole proprietorship

B. Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

- If checked, no individual owns 25 percent or more of the equity interest of the legal entity, or entity is a non-profit.

# Certification of Beneficial Owners of Legal Entities



## BENEFICIAL OWNER 1 INFORMATION

First Name:	Last Name:	Date of Birth:	U.S. Persons (SSN#): Non-U.S. Persons (passport # and country of issuance):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address (no P.O. Boxes):		City:	State:	Zip Code:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

## BENEFICIAL OWNER 2 INFORMATION

First Name:	Last Name:	Date of Birth:	U.S. Persons (SSN#): Non-U.S. Persons (passport # and country of issuance):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address (no P.O. Boxes):		City:	State:	Zip Code:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

## BENEFICIAL OWNER 3 INFORMATION

First Name:	Last Name:	Date of Birth:	U.S. Persons (SSN#): Non-U.S. Persons (passport # and country of issuance):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address (no P.O. Boxes):		City:	State:	Zip Code:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

## BENEFICIAL OWNER 4 INFORMATION

First Name:	Last Name:	Date of Birth:	U.S. Persons (SSN#): Non-U.S. Persons (passport # and country of issuance):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address (no P.O. Boxes):		City:	State:	Zip Code:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

## CONTROL PERSON INFORMATION

C. Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as: an executive officer or senior manager (i.e. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under the ownership section above may also be listed in the section below.

First Name:	Last Name:	Title of Control Person:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of Birth:	U.S. Persons (SSN#):	Non-U.S. Persons (passport # and country of issuance):		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Physical Address (no P.O. Boxes):		City:	State:	Zip Code:
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information is complete and correct, and I agree to notify First Interstate Bank immediately upon any change in beneficial ownership or control of the business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_