

APPLICATION

# Convenience with Cash Rewards

Introducing the **Valley Business Credit Card**



[Valley.com/bizcard](http://Valley.com/bizcard)  
800.522.4100



**BUSINESS CREDIT CARD APPLICATION**  
**(INTRODUCTORY 0% APR FOR 6 BILLING CYCLES)**

CREDIT LINE REQUESTED \$ \_\_\_\_\_ (MIN \$5,000, MAX \$100,000) IBS # \_\_\_\_\_

**TELL US ABOUT YOUR COMPANY (please print)**

Business Name to appear on card	Tax Identification Number	Type of Business	
Business Address (street address)	City	State	Zip Code
Mailing Address (if different from Business Address)	City	State	Zip Code
Business Phone	Primary Banking Relationship	Branch Location	Email Address
Date of Origin	Years in Business	Gross Annual Revenue \$	Number of Employees
Legal Status:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Not for profit <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		

**TELL US ABOUT THE AUTHORIZED OFFICER (please print)**

**BUSINESS OWNER (AUTHORIZED OFFICER)**

Name on Card (first, last)	Role in Company: <input type="checkbox"/> GM <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Vice President <input type="checkbox"/> Other Authorizing Officer	Social Security Number/ITIN	
Title (if any)	% Of Ownership	Annual Income	
Home Address (street address)	City	State	Zip
Date of Birth	Home Phone	Business Email Address	Mother's Maiden Name

**BUSINESS OWNER (AUTHORIZED OFFICER)**

Name on Card (first, last)	Role in Company: <input type="checkbox"/> GM <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Vice President <input type="checkbox"/> Other Authorizing Officer	Social Security Number/ITIN	
Title (if any)	% Of Ownership	Annual Income	
Home Address (street address)	City	State	Zip
Date of Birth	Home Phone	Business Email Address	Mother's Maiden Name

By signing below, the Authorized Officer(s) acknowledge on behalf of the business entity: (1) that all information provided is correct; (2) Valley National Bank may obtain and exchange information on the Authorized Officer(s) and the business entity with credit reporting agencies and others; (3) all terms of the Cardholder Agreement Provided with the cards; (4) that the business entity and Authorized Officer(s) personally will each be liable for all charges, fees and finance charges on all the cards and accounts issued pursuant to this request or any future requests to add additional cards or accounts.

X  
Signature of Authorized Officer

X  
Signature of Authorized Officer

**Email completed application to: creditcards@valley.com**

**BUSINESS CREDIT CARD  
APPLICATION****TELL US ABOUT THE AUTHORIZED CARDHOLDER (please print)**

Name to Appear on Card (first, last)	Signature of Individual Cardholder	Social Security Number
--------------------------------------	------------------------------------	------------------------

Home Address (street address)	City	State	Zip
-------------------------------	------	-------	-----

Date of Birth	Mother's Maiden Name	Business Email Address
---------------	----------------------	------------------------

**2nd INDIVIDUAL CARDHOLDER**

Name to Appear on Card (first, last)	Signature of Individual Cardholder	Social Security Number
--------------------------------------	------------------------------------	------------------------

Home Address (street address)	City	State	Zip
-------------------------------	------	-------	-----

Date of Birth	Mother's Maiden Name	Business Email Address
---------------	----------------------	------------------------

**3rd INDIVIDUAL CARDHOLDER**

Name to Appear on Card (first, last)	Signature of Individual Cardholder	Social Security Number
--------------------------------------	------------------------------------	------------------------

Home Address (street address)	City	State	Zip
-------------------------------	------	-------	-----

Date of Birth	Mother's Maiden Name	Business Email Address
---------------	----------------------	------------------------

**BALANCE TRANSFERS**

Please transfer the amount(s) from the Creditor(s) and account number(s) listed (in order of preference) below to my new account (minimum balance transfer amount is \$1,000).

\$ _____	Name of Creditor _____
----------	------------------------

Account Number (from Credit Card) _____
---

Remittance Address _____
--------------------------

\$ _____	Name of Creditor _____
----------	------------------------

Account Number (from Credit Card) _____
---

Remittance Address _____
--------------------------

\$ _____	Name of Creditor _____
----------	------------------------

Account Number (from Credit Card) _____
---

Remittance Address _____
--------------------------

Balance transfers will be processed upon approval of your application. Please allow up to 3 weeks after your application is approved and you have received your Valley National Bank Business Credit Card for your balance transfer request(s) to be processed. You will be charged a Balance Transfer Fee equal to 4% of the amount of each balance transfer or \$5, whichever is greater.

**FOR BANK USE ONLY**

<b>Branch Account</b> (information and signatures verified by)
--

Name _____	Signature _____	Branch Number _____	Verification Date _____
------------	-----------------	---------------------	-------------------------



## BUSINESS CREDIT CARD APPLICATION

### Certification Regarding Beneficial Owner(s) of Legal Entity Customers

#### Who must complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity customer 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.

#### What information should be provided?

The person opening a new account on behalf of a legal entity customer must provide the following for each beneficial owner\* associated with the business: Name, Address, Date of Birth, Social Security Number (or passport number or other similar information in the case of non-U.S. persons). The financial institution will also require a driver's license or other identifying document for each beneficial owner and the controlling person listed on this form. Copies of these documents are acceptable.

\*Beneficial Owners are defined as:

- (i) Each individual 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) One 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).

#### Who is exempt from this certification?

The CDD Rule excludes and exempts certain entities from the definition of legal entity customer. Such entities include, but are not limited to the following:

- Registered public accounting firms
- Unincorporated associations (such as scout troops or youth sports leagues)
- Sole Proprietors
- Non Profits

Check all boxes that apply. If any boxes are checked, continue to the Certification of Beneficial Owner(s) section of this form.

#### Beneficial Owner(s) Information

**The information on the following pages must be provided for each individual 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 in the mailer.**

#### No single individual with 25% or more ownership

If checked, please skip to the Controlling Person Information and Certification of Beneficial Owner (s) sections.

#### Beneficial Owner 1 Information

#### % of ownership

Individual Name \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ / / Date of Birth \_\_\_\_\_

Primary ID Type \_\_\_\_\_ Primary ID Number \_\_\_\_\_

Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

SSN  \_\_\_\_\_

ITIN  \_\_\_\_\_ Number \_\_\_\_\_

#### Beneficial Owner 2 Information

#### % of ownership

Individual Name \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ / / Date of Birth \_\_\_\_\_

Primary ID Type \_\_\_\_\_ Primary ID Number \_\_\_\_\_

Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

SSN  \_\_\_\_\_

ITIN  \_\_\_\_\_ Number \_\_\_\_\_



## BUSINESS CREDIT CARD APPLICATION

### Beneficial Owner 3 Information

% of ownership

Individual Name \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ / / Date of Birth \_\_\_\_\_

Primary ID Type \_\_\_\_\_ Primary ID Number \_\_\_\_\_

Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

SSN  \_\_\_\_\_

ITIN  Number \_\_\_\_\_

### Beneficial Owner 4 Information

% of ownership

Individual Name \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ / / Date of Birth \_\_\_\_\_

Primary ID Type \_\_\_\_\_ Primary ID Number \_\_\_\_\_

Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

SSN  \_\_\_\_\_

ITIN  Number \_\_\_\_\_

### CONTROLLING PERSON INFORMATION

**The following information must be provided for one individual with significant responsibility for managing the legal entity listed in the mailer, such as:**

- An executive officer or senior manager (e.g., 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.

Individual Name \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ / / Date of Birth \_\_\_\_\_

Primary ID Type \_\_\_\_\_ Primary ID Number \_\_\_\_\_

Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

SSN  \_\_\_\_\_

ITIN  Number \_\_\_\_\_

Title in Organization \_\_\_\_\_

### CERTIFICATION OF BENEFICIAL OWNER(S)

Person certifying this form on behalf of a legal entity must provide the following information:

Name and Title of Person certifying this form \_\_\_\_\_

X \_\_\_\_\_  
Signature of Person certifying this form

My signature certifies that the information provided in this form is complete and correct to the best of my knowledge and I agree to notify Valley National Bank of any change in the information provided herein.



VISA® BUSINESS CREDIT CARD

Account Disclosures

## Interest Rates and Interest Charges

<b>Annual Percentage Rate (APR) for Purchases</b>	<b>0.00%</b> introductory APR for the first six (6) billing cycles from account opening. After that, your APR will be <b>14.95% to 26.25%</b> based on your creditworthiness when you open your account. This APR will vary with the market based on the Prime Rate.
<b>APR for Balance Transfers</b>	<b>0.00%</b> introductory APR for the first six (6) billing cycles from account opening. After that, your APR will be <b>14.95% to 26.25%</b> based on your creditworthiness when you open your account. This APR will vary with the market based on the Prime Rate.
<b>APR for Cash Advances</b>	<b>17.50%</b> . This APR will vary with the market based on the Prime Rate.
<b>Penalty APR and When it Applies</b>	<b>26.50%</b> This APR will vary with the market based on the Prime Rate. The APR may be applied to your account if your minimum required payment is more than 60 days past due. <b>How Long Will the Penalty APR Apply?</b> The Penalty APR will apply to your account unless you make the required minimum payment when due for six consecutive monthly billing cycles immediately following the date the Penalty APR is imposed.
<b>Grace Period</b>	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. Subject to the terms of any introductory or special offers. We will begin charging interest on cash advances and balance transfers on the transaction date.

## Fees

<b>Annual Fee</b>	<b>None</b>
<b>Transaction Fees</b> <ul style="list-style-type: none"><li>• Cash Advance</li><li>• Balance Transfer</li><li>• Foreign Transaction</li></ul>	<b>4%</b> of the amount of each Cash Advance or <b>\$5</b> , whichever is greater. <b>4%</b> of the amount of each Balance Transfer Advance or <b>\$5</b> , whichever is greater. <b>2%</b> of the amount of each transaction in U.S. Dollars.
<b>Penalty Fees</b> <ul style="list-style-type: none"><li>• Late Payment</li><li>• Over-the-Credit Limit</li><li>• Returned Payment</li></ul>	<b>Up to \$39</b> <b>None</b> <b>Up to \$39</b>
<b>Other Fees</b> <ul style="list-style-type: none"><li>• Activity Fee</li></ul>	<b>\$.50</b> in each billing cycle in which there is a Cash Advance or Balance Transfer balance.

**Loss of Introductory APRs:** We may end your introductory APRs and apply the Penalty APR if your minimum required payment is more than 60 days past due. See your account agreement below for more details.

**Prime Rate:** The Prime Rate is the highest Prime Rate published in the New York Times on the first business day of each calendar quarter.



VISA® BUSINESS CREDIT CARD

Account Disclosures

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

**U.S. Businesses and Citizens; Resident Aliens.** Valley's business credit card programs are available to U.S. businesses, including as applicable U.S. citizens and resident aliens residing in the U.S.

**Subject to Credit Approval.** All applications are subject to credit approval in accordance with Valley's credit standards and eligibility requirements.

**Minimum Age.** Each Cardholder must be at least 18 years of age.

**Introductory Balance Transfer Terms.** You may request up to three (3) balance transfers at the introductory balance transfer APR. The introductory balance transfer APR will apply for the first six (6) billing cycles from account opening to balance transfers requested within 30 days of account opening. The balance transfer transaction fee will be charged for all balance transfers. Each balance transfer will reduce your available credit. Please allow up to three (3) weeks for your balance transfer request(s) to be processed, and you will need to continue to make payments to your accounts with other institutions to keep them current until you have confirmed that the balance transfers have occurred. Balance transfers cannot be used to pay loan or credit card accounts at Valley National Bank, or any of its affiliates. We may decline to process any full or partial balance transfer request if the balance transfer and any related fees and finance charges would increase your account balance beyond your available credit limit. There is no grace period on balance transfers. If you fail to make a payment to Valley National Bank when due, we may terminate the introductory balance transfer APR and increase the APR on your account to the Penalty APR.

**Payment Allocation.** If your account has balances with different APRs, the amount of your payment equal to the minimum payment due will be applied to the balance with the lowest APR before any payments are applied to balances with higher APRs. Any amount of your payment that is greater than the minimum payment due will be applied to the balance with the highest APR before being applied to balances with lower APRs. Payments received by 5 p.m. local time at our payment processing facility will be credited as of that day to your account.

**Cardholder Agreement.** If an account is opened, you will receive a Cardholder Agreement with your Card(s). You agree to the terms and conditions of the Cardholder Agreement by using the account or any card, by authorizing the use of the account or any card.

**Change in Terms.** Except for promotional and introductory APRs, we have the right to change the account terms at any time in accordance with your Cardholder Agreement and applicable law.

**Individual and Company Liability.** You understand that if an account is opened, you agree to be personally responsible, both individually and jointly with the Company, for payment of all balances incurred on all Cards issued pursuant to your application. Additional details are included in the Cardholder Agreement.

**USA Patriot Act.** Federal law requires all financial institutions to obtain, verify and record information that identifies each business or person who opens an account. In order to open an account, we must ask for your: business name, business address, tax identification number and other identifying information; as applicable, the name, address and other identifying information for each Business Owner/Authorized Officer or sole proprietors. We may also request from you and/or authorized cardholder(s) your driver's license or other identifying documents, even if you currently maintain a banking relationship with us. Strict adherence to these regulations helps to protect both financial institutions and bank customers from criminal activity. Your cooperation is greatly appreciated.

**Completed Application Instructions.** You may submit your completed application by mailing it to the address indicated below or by stopping by one of our convenient branch locations.

Valley National Bank  
Consumer Lending Department  
70 Speedwell Avenue  
Morristown, NJ 07960