

**CREDIT FINANCING and  
ANALYZED BUSINESS ACCOUNT APPLICATION and  
BENEFICIAL OWNERSHIP CERTIFICATION**



- ☐ Factoring  
☐ A/R Financing  
☐ Asset Based Loan (ABL)  
☐ Equipment Term Loan

Please return completed applications to TAB Bank, New Accounts Department:

**Fax :** (801) 624-5368 **E-mail:** insidesales@tabbank.com

Mail to: 4185 Harrison Blvd., Ogden, UT 84403

For questions, call toll-free (888) 440-4541 or visit us at [www.tabbank.com](http://www.tabbank.com)

**COMPANY INFORMATION**

Legal Business Name:		Federal Tax ID#:	
DBA:	Nature of Business:	State Tax ID#:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Contact Phone:	Fax:	Email:	
Business License #:	State Issued:	DUNS#:	
Year Established:	Year Filed:	In which State:	
Business Structure:	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation	Number of Cards Needed:	
Website Address:		Number of Vehicles in Fleet: <small>(trucking only)</small>	
Total Number of Employees:			

**[A] Business Owner/Authorized Signer/Guarantor/Beneficial Owner Information / Primary Applicant**

First Name:		Last Name:	
Social Security #:	Position /Title:	Security Code Word:	
Date Of Birth:	Birth Place-State:	Birth Place-Country:	
Driver's License #:	State:	Expiration:	
Home Phone:	Mobile Phone:		
Email:	Ownership %:		
Residence/Physical Address:	City:	State:	Zip:

**[B] Business Owner/Authorized Signer/Guarantor/Beneficial Owner Information / Joint Applicant**

First Name:		Last Name:	
Social Security #:	Position /Title:	Security Code Word:	
Date Of Birth:	Birth Place-State:	Birth Place-Country:	
Driver's License #:	State:	Expiration:	
Home Phone:	Mobile Phone:		
Email:	Ownership %:		
Residence/Physical Address:	City:	State:	Zip:

**[C] Business Owner/Authorized Signer/Guarantor/Beneficial Owner Information / Joint Applicant**

First Name:		Last Name:	
Social Security #:	Position /Title:	Security Code Word:	
Date Of Birth:	Birth Place-State:	Birth Place-Country:	
Driver's License #:	State:	Expiration:	
Home Phone:	Mobile Phone:		
Email:	Ownership %:		
Residence/Physical Address:	City:	State:	Zip:

**OTHER IMPORTANT INFORMATION**

Please indicate how you will be making deposits to your account during the course of your banking relationship with TAB Bank

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Deposit                             | <input type="checkbox"/> Pilot Flying J Gift Card |
| <input type="checkbox"/> ACH or Wire Funds from Hometown Bank       | <input type="checkbox"/> Funding from L.O.C       |
| <input type="checkbox"/> Industry Check: ComData, T-chek, EFS & TCH | <input type="checkbox"/> Other: _____             |

**BUSINESS ENTITY AUTHORITY RESOLUTION/SIGNATURE CARD**

**Transportation Alliance Bank, Inc. dba TAB Bank:** Referred to in this document as "Financial Institution" or "TAB Bank".

I, \_\_\_\_\_ (print name), certify that I am an Authorized Officer, Owner, Partner, Manager or Designated Member, or Corporate Secretary of the above named Business Entity, which is duly organized, validly existing and in good standing under the laws of the state of its organization or incorporation, with its principle place of business at the above address, Federal Employer I.D. Number \_\_\_\_\_, (EIN if one has been obtained or SSN if no EIN has been obtained) engaged in business under the trade name of \_\_\_\_\_, (Trade Name if EIN/TIN provided is different than above, or Name of Individual supplying SSN) and that the Resolutions in this document are a correct copy of the Resolutions adopted at a meeting of all Partners, Members of the Limited Liability Company, or Board of Directors of the Business Entity, duly and properly called and held on \_\_\_\_/\_\_\_\_/\_\_\_\_. These Resolutions appear in the minutes of this meeting and have not been rescinded or modified. I further certify that the Partners, Managers or Designated Members of the Limited Liability Company, or Board of Directors of the Business Entity have, and at the time of adoption of these Resolutions had, full power and lawful authority to adopt the Resolutions herein and to confer the powers granted below to the persons named who have full power and lawful authority to exercise the same.

**SIGNATURE:** \_\_\_\_\_

**CHECK ONE:** ☐ Owner ☐ Partner ☐ Manager / Designated Member ☐ Corporate Secretary / Authorized Officer

**AGENTS / AUTHORIZED OFFICERS:** Any Agent or Authorized Officer listed on page 1, subject to any written limitations to Financial Institution as disclosed below in the section titled Limitations on Powers, is authorized to exercise the powers granted as indicated below. Please complete all information and provide a copy of a valid driver's license or state ID for each Authorized Officer or Agent

**POWERS GRANTED:** (Designate one or more Authorized Officers or Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Authorized Officers or Agents Signatures required to exercise the power if applicable.)

Indicate Individual on pg 1 by A, B, C, D, E, and/or F	Description of Power	Indicate number of Signatures required
_____	(1) Exercised all of the powers listed below in this Resolution.	_____
_____	(2) Open deposit account(s) in the name of the Business Entity.	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit.	_____
_____	(4) Borrow money on behalf and in the name of the Business Entity, and sign, execute and deliver promissory notes or other evidence of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge accounts, accounts receivable, bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Business Entity as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all accounts, accounts receivable, bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
	(6) Assign designated individuals who may obtain information on the Business Accounts or applicable credit financing agreements	_____
	_____	
	_____	

\*The Business Entity assumes liability for all unauthorized use when providing access to withdraw or transfer funds in the account to additional individuals.

**LIMITATIONS ON POWERS:** The following are the Business Entity's express limitations, if any, on the powers granted under this Resolution. (If left blank, no limitations shall apply.)

**EFFECT ON PREVIOUS RESOLUTIONS:** (must select one)

☐ Original ☐ Amended as of \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Supersedes as of \_\_\_\_/\_\_\_\_/\_\_\_\_

## RESOLUTIONS

### The Business Entity named on this Resolution resolves that:

- (1) TAB Bank is designated as a depository for the funds of the Business Entity and to provide other financial accommodations indicated in this Resolution.
- (2) This Resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by TAB Bank. Any and all prior Resolutions adopted by the Partnership, Managers or Designated Members of the Limited Liability Company, or Board of Directors of the Business Entity, and certified to TAB Bank as governing the operations of the Business Entity's account(s), are in full force and effect until TAB Bank receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a Resolution must be accompanied by documentation satisfactory to TAB Bank esTAB Banklishing the authority for the changes.
- (3) The signature of any Authorized Officer or Agent on this Resolution is conclusive evidence of their authority to act on behalf of the Partnership, Managers or Designated Members of the Limited Liability Company, or Board of Directors of the Business Entity, to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on pages 1 and 2 hereof, from time to time with TAB Bank, subject to any restrictions on this Resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Business Entity with TAB Bank prior to the adoption of this Resolution are hereby ratified, approved and confirmed.
- (5) The Business Entity agrees to the terms and conditions of any account agreement, opened by any Authorized Offer or Agent of the Business Entity. The Business Entity authorizes TAB Bank, at any time, to charge the Business Entity for all checks, drafts, or other orders for the payment of money that are drawn on TAB Bank, so long as they contain the required number of signatures for this purpose.
- (6) The Business Entity acknowledges and agrees that TAB Bank may furnish at its discretion automated access devices to Authorized Officers or Agents of the Business Entity to facilitate those powers authorized by this Resolution or other Resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited, to credit cards, automated teller machine (ATM) cards, debit cards, and prepaid cards.
- (7) The Business Entity acknowledges and agrees that TAB Bank may rely on alternative signature and verification codes issued to or obtained from TAB Bank, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this Resolution (or that are filed separately by the Business Entity with TAB Bank from time to time) TAB Bank is authorized to treat the facsimile signature as the signature of the Authorized Officer or Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Business Entity authorizes each Authorized Offer or Agent to have custody of the Business Entity's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. TAB Bank shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**PENNSYLVANIA:** The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56: Decedents, Estates and Fiduciaries Code).

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### FOR TAB Bank USE ONLY

Received on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ (initials)

☐ This Resolution is superseded by Resolution dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

Comments:

## CERTIFICATIONS

Under penalties of perjury, I certify that : (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) That I am not subject to backup withholding either because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Citizen or other U.S. person.

**Certification Instructions:** You must cross out item 2 (above) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are subject to backup withholding, check this box ☐ and initial \_\_\_\_\_ Co-Applicant ☐ and initial \_\_\_\_\_

**Is the Owner a U.S. Citizen or Permanent U.S. Resident?** Yes ☐ No ☐

*If you are **not** a U.S. Citizen or Permanent U.S. Resident you must cross out Item 3 (above) and complete a W-8Ben form.*

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

**Are you a Money Service Business (MSB)?** Yes ☐ No ☐

**You may be considered an MSB if you:** (1) Cash checks or other monetary instruments in an amount greater than \$1,000 for any person on any day in one or more transactions. (2) Provide money transmission services. (3) Issue or Sell Travelers Checks or Money Orders in an amount greater than \$1,000 to any person on any day in one or more transactions. (4) Accept the currency or other monetary instruments of one or more countries in exchange for the currency of one or more other countries in an amount greater than \$1,000 for any person on any day in one or more transactions. (5) Provide or Sell Prepaid Access.

**Is any company officer, applicant, cardholder (driver) or guarantor a politically exposed person?** Yes ☐ No ☐

**Politically exposed person or PEP** is a current or former senior foreign political figure, their immediate family, and their close associates. Such an individual must be tracked by financial institutions as they pose potential reputational risk to regulated entities.

**Is this Business involved with Internet Gambling?** Yes ☐ No ☐

**Where does your business operate?** Within USA ☐ USA and Canada ☐ USA and Mexico ☐ Other ☐ \_\_\_\_\_

Certain transactions are prohibited from being processed through your prepaid card or other relationship with TAB Bank under the Unlawful Internet Gambling Enforcement Act of 2006 ("Act") and related regulations that have been issued by the Board of Governors of the Federal Reserve System and the United States Department Of The Treasury ("Regulation GG"). TAB Bank is also required by the Act and Regulation GG to inform its commercial customers of this restriction. The transactions which are prohibited are the following transactions or transmittals involving any credit, funds, instrument or proceeds that the Act prohibits any person engaged in the business of betting or wagering (except for the activities of a financial transaction provider, or any interactive computer service or telecommunications service) from knowingly accepting, in connection with the participation of another person in unlawful Internet Gambling: (1) Credit, or the proceeds of credit, extended to or on behalf of such person (including credit extended through the use of a credit card); (2) An electronic fund transfer, or funds transmitted by or through a money transmitting business, or the proceeds of an electronic fund transfer or money transmitting service, from or on behalf of such other person; (3) Any check, draft, or similar instrument that is drawn on a payable at or through any financial institution.

Internet gambling will generally be deemed to be unlawful unless it is expressly authorized by license issued by an appropriate State or Tribal authority. Please let us know if you have any license issued by an appropriate State or Tribal authority. Please let us know if you have any questions.

## BUSINESS SECURED PARTY INFORMATION

**Have you given a security interest in, or made an Assignment of, your Accounts Receivable?** Yes ☐ If "yes", to whom (list below)? No ☐

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Have You, this company, its officers or directors, or any affiliated companies ever...**

Been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filed bankruptcy or had a petition on bankruptcy filed against it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Made an assignment for the benefit of creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had a receiver appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had or have a Federal, State, County or Municipal lien/levy filed against it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been involved or are currently engaged in, or threatened with any litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Additional Information:**

Are you currently past due on any federal or state taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a payment plan for delinquent taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you purchase products or services from your customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any unsatisfied judgements against your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all licenses and permits required to operate your business current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate a major change in ownership or management in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are regular financial statements prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By executing this application, the undersigned certifies to the following: The information set forth in this application and in the documents, schedules, reports, statements, and / or other information provided to TAB Bank with or pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; that TAB Bank is authorized to request, receive, and verify credit reports and other financial information regarding applicant and its business applicant and its owners/officers that TAB Bank deems necessary and appropriate; that TAB Bank is authorized to execute in the name of the Business and the undersigned person(s) and file against the Business and undersigned person(s) in favor of TAB Bank financing statements with respect to the Business and undersigned person(s) assets; and that TAB Bank is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements, and / or other information provided under or pursuant to this application and the subsequent maintenance and review of any account opened as a result of this application, or learned by TAB Bank as part of its investigation and review

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW BUSINESS 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 applies for an account. What this means for you: When you apply for an account, we will ask 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, social security card, or other identifying documents.

**[A] Business Owner/Authorized Signer/Guarantor/Beneficial Owner Information / Primary Applicant**

X \_\_\_\_\_ Date \_\_\_\_\_  
I authorize TAB Bank to verify this information by any means, including but not limited to preparation of my credit report by a credit reporting agency. I am opening this account: ☐ Yes ☐ No

**[B] Business Owner/Authorized Signer/Guarantor/Beneficial Owner Information / Joint Applicant**

X \_\_\_\_\_ Date \_\_\_\_\_  
I authorize TAB Bank to verify this information by any means, including but not limited to preparation of my credit report by a credit reporting agency. I am opening this account: ☐ Yes ☐ No

**[C] Business Owner/Authorized Signer/Guarantor/Beneficial Owner Information / Joint Applicant**

X \_\_\_\_\_ Date \_\_\_\_\_  
I authorize TAB Bank to verify this information by any means, including but not limited to preparation of my credit report by a credit reporting agency. I am opening this account: ☐ Yes ☐ No

The following information for one individual with significant responsibility for managing the legal entity listed above 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. (If appropriate, an individual above in section A, B or C may also be listed in the section D).

**[D] INDIVIDUAL WITH CONTROL INFORMATION - If "Yes" was NOT selected above in section A, B or C, please complete section D**

Individual Name	Title
Street Address	City, State ZIP Code
Date of Birth	Social Security Number

I, \_\_\_\_\_ hereby certify, to the best of my knowledge that the information provided above is complete and correct. I am opening the account.

X \_\_\_\_\_ Date \_\_\_\_\_

**For Bank Use Only:**

Date received:

Filed by: