



# Business Debit Card Application

**APPLICATION FOR:**☐ **Application for New Business Debit Card**☐ **Application for Additional Business Debit Card** (company already has cards)**Tell Us About Your Business**

Business Legal Name (REQUIRED)	Federal Tax ID number (REQUIRED)	BNA (Guam/CNMI only)
Business Name to be Printed on Card (Max 21 Characters)	Business Phone (REQUIRED)	
Business Address (REQUIRED)	City, State ZIP	Country
Mailing Address (if different)	City, State ZIP	Country
Business Checking Account Number	Legal Structure (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other:	

**Issue Business Debit Cards To:** (please include yourself) ALL FIELDS BELOW ARE REQUIRED FOR EACH CARDHOLDER

To request additional cards, please provide a separate listing on Company letterhead; include employee name, Social Security Number, date of birth, and Daily Spending Option.

Employee Name (REQUIRED) First Name, Middle Initial, Last Name (maximum 21 letters and spaces)	Social Security Number (REQUIRED)	Date of Birth (MM/DD/YYYY) (REQUIRED)	Daily Spending Option (Check one) (REQUIRED)
1.			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
2.			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
3.			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
4.			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
5.			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

**Daily Spending Options**

Type of Spending (Per Day)	Option A	Option B	Option C	Option D
Signature-Based POS Transactions at MasterCard® Merchants	Up to available balance of checking account	\$2,500 or up to available balance of checking account, whichever is less	\$1,000 or up to available balance of checking account, whichever is less	\$500 or up to available balance of checking account, whichever is less
PIN-Based POS Transactions at STAR® or MasterCard® Merchants	\$5,000 or up to available balance of checking account, whichever is less	\$2,500 or up to available balance of checking account, whichever is less	None	None
ATM Withdrawal	\$1,000 or up to amount of checking account and any available limit on any Business Yes-Check®, whichever is less	\$1,000 or up to amount of checking account and any available limit on any Business Yes-Check®, whichever is less	None	None

**Signature**

Each person signing this Application certifies that s/he has reviewed the terms and conditions of this Application. If First Hawaiian Bank (the "Bank") approves this Application, the Company agrees to abide by all the terms and conditions of the Business Debit Card Agreement, a copy of which will be provided upon approval. Each person signing this Application certifies that (i) s/he is authorized to execute and deliver this Application and the agreements set forth or referred to herein on behalf of the Company named on the Application, (ii) the Application is for a Business Debit Card, and not for a credit card or a personal Debit Card, and (iii) all information and documents submitted are true, correct and complete. Each person signing this Application acknowledges on behalf of the Company that if additional information becomes available which would have influenced the Bank's decision to approve this Application prior to issuance of the card(s), the Bank reserves the right to withdraw such approval. The Company authorizes the Bank, both now and in the future, to obtain business credit reports on the Company and to provide credit bureaus and others with information about the Bank's experience with the Company. The Company designates the person(s) signing this Application to receive all communications from the Bank. The Company represents and warrants that each person signing this Application has the authority to (i) designate initially the officers, employees, agents, or other representatives (collectively the "Representatives") of the Company to receive the card(s), and (ii) to add or delete names or such Representatives or revise requested Access by Phone or Daily Spending Options from time to time. Each such Representative(s) is authorized by the Company to use the card(s), and the Company will be liable for any transaction made by such Representative even if the Representative is not separately authorized to make withdrawals from the Business Checking Account, which is identified in this Application. Company hereby acknowledges that to the extent any instructions or authorizations (such as the number of signatures required for withdrawals or the authorized signers permitted to make withdrawals) provided on this Application is inconsistent with the terms of the signature card for the Business Checking Account, this Application shall govern.

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT: BRANCH APPROVAL IS REQUIRED. For branch use only.**

Priority Banking Plan for Business <input type="checkbox"/> Yes <input type="checkbox"/> No	Priority Banking Level <input type="checkbox"/> Business Priority Gold <input type="checkbox"/> Business Priority Platinum	DDA Stmt Cycle:	For BankCard Use	
Approved By:	Approver Name	Employee Number	Branch Number	Date