



Signature Flight Support Transfer Form

The creditor and issuer of the MSA Card is U.S. Bank National Association ("U.S. Bank"), dba Multi Service Aviation ("MSA"). Signature Flight Support is not involved in any credit decisions in relation to the Signature Flight Support aviation card and is in no way responsible for account approvals.

This Transfer Form should be used to either (1) transfer your existing MSA Card(s) to a Signature Flight Support ("SFS") Card(s) ("SFS Card") and close your existing MSA Card(s) or (2) to obtain SFS Card(s) while retaining your existing MSA Card(s). If you currently do **not** have an active MSA Card or Account, please do **not** complete this Transfer Form. Please visit www.signatureflight.com to complete a Signature Flight Support Commercial Card Application.

The Terms and Conditions associated with SFS Card(s) and account(s) and its/their use is available at: www.signatureflight.com. Please read the Terms and Conditions carefully and print a copy for your records. **NOTE: Attach a copy of Business License, Articles of Incorporation/Organization, Certificate in Good Standing or Secretary of State Filing when returning this Transfer Form. One of the items listed above is required.**

Instructions

1. Complete **all** parts of Section 1. All information requested in Section 1 below is required.
2. IF you anticipate **monthly** charge volume of **\$25,000.00 OR LESS** on the SFS Card(s), please complete Section 2 **AND** sign in Section 4.
3. IF you anticipate **monthly** charge volume of **GREATER than \$25,000.00** on the SFS Card(s), please read Section 3 **AND** sign in Section 4.
4. Return this completed Transfer Form and all additional requested information required (e.g., financial statements, Business License) to MSA by fax to 1-866-977-1310 or mail to: PO Box 13050, Overland Park, Kansas 66282.

If you have questions about the SFS Card program, please call 1-877-672-2273 or email msacustomerservice@usbank.com.

SECTION 1 - COMPANY INFORMATION

☐ Company agrees to close its existing MSA Card(s)/account(s) and open SFS Card(s)/account(s). The existing credit limit associated with the MSA Card(s)/account(s) will be transferred to the new SFS Card(s)/account(s).

☐ Company agrees to close its existing MSA Card(s)/account(s) and open SFS Card(s)/account(s). Company also requests an increase in its existing credit limit to: \$

☐ Company agrees to keep existing MSA Card(s)/account(s) and open SFS Card(s)/account(s) without an increase in the existing credit limit. Please indicate how you would like the existing credit limit split between the MSA Card(s)/account(s) and the SFS Card(s)/account(s):

MSA Card(s)/account(s)	\$	SFS Card(s)/account(s)	\$

☐ Company agrees to keep existing MSA Card(s)/account(s) and open SFS Card(s)/account(s). Company also requests an increase in their existing credit limit to: \$

Please indicate how you would like the requested credit limit split between the MSA Card(s)/account(s) and the SFS Card(s)/account(s):

MSA Card(s)/account(s)	\$	SFS Card(s)/account(s)	\$

Please provide a list of your current, active MSA account numbers:

ENTITY'S LEGAL NAME ("Company") (As stated on financial statements)

FEDERAL TAX ID

DBA OR COMPANY NAME TO BE EMBOSSED ON CARD(S) (Limit to 25 letters and spaces.)

DATE COMPANY ESTABLISHED (mm/dd/yy)

COMPANY PHYSICAL ADDRESS (PO Box not acceptable)

CITY	STATE	ZIP CODE

CONTACT NAME

CONTACT TITLE

CONTACT PHONE NUMBER

CONTACT FAX NUMBER

CONTACT EMAIL ADDRESS

COMPANY WEBSITE ADDRESS

Do you want the same billing and payment due date(s) as you currently have with your existing MSA Card(s)? ☐ Yes ☐ No

Is your flight information the same for the SFS accounts as it is with the existing MSA Card(s)? ☐ Yes ☐ No

COMPANY IDENTIFICATION INFORMATION

To comply with the requirements of the USA PATRIOT Act, U.S. Bank and MSA require Company, Participant(s) and/or Cardholder(s) to provide legal entity names, physical street addresses, taxpayer identification numbers and other information that will allow U.S. Bank and MSA to establish identity prior to establishing Accounts under or in connection with this Application. U.S. Bank and MSA reserve the right to require that Company, Participant(s) and/or Cardholder(s) promptly provide to U.S. Bank and/or MSA additional identification documents upon request and in connection with USA PATRIOT Act compliance.

SECTION 2 – IF YOU ANTICIPATE MONTHLY CHARGE VOLUME OF \$25,000 OR LESS ON THE SFS CARD(S), PLEASE COMPLETE SECTION 2 AND SIGN IN SECTION 4.

THE “AUTHORIZED OFFICER” **MUST** BE ONE (1) OF THE FOLLOWING AND/OR HAVE AN OWNERSHIP INTEREST IN COMPANY (CHECK ONE):

☐ CHAIRMAN ☐ PRESIDENT ☐ EXECUTIVE VICE PRESIDENT ☐ SENIOR VICE PRESIDENT ☐ VICE PRESIDENT ☐ TREASURER ☐ CONTROLLER ☐ OWNER/PROPRIETOR
☐ PARTNER ☐ MEMBER (LLC OR LLP)

PRINTED NAME OF AUTHORIZED OFFICER	HOME PHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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HOME PHYSICAL ADDRESS (PO BOX NOT ACCEPTABLE)

CITY	STATE	ZIP CODE
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I, as the above named Authorized Officer, (a) request that U.S. Bank issue an SFS Card and account (“**Account(s)**”) to designated employees of Company in the future; (b) authorize U.S. Bank to verify my employment and income history and all other information I have provided, and to obtain information about me from other creditors, credit bureaus, third parties, and federal or state records for use in assessing my personal credit worthiness in connection with U.S. Bank extension(s) of credit to Company under the Terms and Conditions; (c) agree to be jointly and severally liable to repay any and all transactions charged to any and all Accounts, plus fees and/or other charges, according to the terms of the Terms and Conditions; (d) authorize U.S. Bank to share information about its experiences with me with U.S. Bank affiliates and credit bureaus; and (e) agree that SFS Cards and Accounts will be used for business purposes only and not personal, family, or household purposes.

SECTION 3 – FINANCIAL INFORMATION

If you have asked for an increase in your current credit limit, along with this Transfer Form, please attach a copy of your most recent annual financial statement(s) according to the grid below. If the most recent annual financial statements are more than five (5) months old, please attach the most recent interim financial statements as well. U.S. Bank prefers audited financial statements prepared certified public accountants.

MONTHLY CHARGE VOLUME	FINANCIAL STATEMENTS REQUIRED	YEARS
=< \$50,000.00	YES	1
\$50,000.01 - \$250,000.00	YES	2
=> \$250,000.01	YES	3

SECTION 4 – AUTHORIZATION AND EXECUTION

By completing this Transfer Form, Company acknowledges and agrees that: (a) all information provided in this Transfer Form is true, complete and accurate and Company has the authority to provide such information and complete such Transfer Form; (b) Company requests that U.S. Bank establish an Account in the name of Company and to issue Cards in accordance with the Terms and Conditions; (c) U.S. Bank will review this Transfer Form and may, at its sole discretion, grant such request, but that U.S. Bank is under no obligation to do so; (d) Company shall be bound by the Terms and Conditions upon signing this Transfer Form; and (e) U.S. Bank is authorized to investigate, obtain, and exchange reports and information regarding this Transfer Form and any resulting Accounts with credit reporting agencies and other parties with legitimate business needs for such reports or information. If this Transfer Form is approved, Company and U.S. Bank agree that the Terms and Conditions found on the website referenced above shall constitute the entire agreement between Company and U.S. Bank. By signing below, each individual signing this Transfer Form in his or her capacity as an authorized signing officer of Company, certifies and warrants that: (a) all action required by Company’s organizational documents to authorize the signer(s) to act on behalf of Company in all actions taken under this Transfer Form and the Terms and Conditions found on the website referenced above, including, but not limited to, the authority to incur debt on behalf of Company, has been taken; (b) each signer is empowered in the name of and on behalf of Company to enter into all transactions contemplated in this Transfer Form and the Terms and Conditions found on the website referenced above; and (c) the signatures appearing on all supporting documents of authority are authentic. By providing a telephone number for a cellular phone or other wireless device, you have expressly consented to receiving communications at that number, including, but not limited to, prerecorded or artificial voice messages calls, text messages, and calls made by an automated telephone to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. These calls and messages may incur access fees from your cellular provider. All people must be at least 18 years old and agree that Accounts will be used primarily for business purposes, and not personal, family or household purposes. Company has read, understands and agrees to the Terms and Conditions found on the website referenced above and U.S. Bank is entitled to act in reliance upon the authorizations and certifications set forth in this Transfer Form.

This Transfer Form must be signed by at least one of the following: Chairman, President, Executive Vice President, Senior Vice President, Vice President, Treasurer, Controller, Owner/Proprietor, Partner or Member (LLC or LLP only).

In witness whereof, Company has, by its authorized signer(s), executed this Transfer Form and agrees to the Terms and Conditions.

DATED THIS _____ DAY OF _____, 20____ BY:

LEGAL NAME OF COMPANY (**Must** match name entered in Section 1, Company Information.)

SIGNATURE	SECOND SIGNATURE (Only if required by the Company’s organization guidelines.)
PRINTED NAME OF AUTHORIZED OFFICER	PRINTED NAME OF AUTHORIZED INDIVIDUAL
PRINTED TITLE OF AUTHORIZED OFFICER	PRINTED TITLE OF AUTHORIZED INDIVIDUAL

FOR MSA USE ONLY

DATE OF OFAC	SEARCHED BY	PROMO CODE
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