

## COMPANY INFORMATION

Date Company Established	Tax I.D. Number	Total Number of Cards Requested	
Company Name (Legal)		Company Name to Appear on Card (Maximum of 25 spaces)	
Company Phone Number†		Alternate Company Phone Number†	
Company Physical Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt #
City	State	Zip Code	
Company Mailing Address (If different from above)			
Describe Product or Service Provided by Company (Please provide detailed information)			NAICS Code
Type of Company (Select <u>one</u> ):	Sole Proprietorship	Partnership	LLC
	Corporation	Not-For-Profit	Other
Total Monthly Company Debt	Gross Annual Revenue	Total Average DDA Balances	
\$	\$	\$	

† If you have entered a cell phone number, or another number that you later convert to a cell phone number, you agree that we may contact you at this number. You also agree to receive calls and messages, such as pre-recorded messages, calls and messages from automated dialing systems, or text messages. Normal cell phone charges may apply.

## BANKING REFERENCE INFORMATION

Bank Name	Account Number
Bank Officer Name	Bank Officer's Phone Number

## BENEFICIAL OWNERSHIP INFORMATION

In an effort to understand your ownership structure, do any individuals own 25% or more of your Company, either directly or indirectly (via direct ownership by a company, trust, partnership, etc.)? Select one:      Yes      No

*If yes, please complete this section for any individual beneficial owners. As of May 2018, subject to certain exceptions, the collection of this information is required by federal regulation as part of the ongoing fight against financial crime.*

Government agencies and non-profit organizations are not required to provide ownership information, although non-profit organizations are required to complete the "Controlling Manager Information" section (see below).

In order to fully process this request, you must provide updated organizational documents (i.e., operating agreement, bylaws, Board meeting minutes, etc.).

Name: First	Middle	Last	Suffix
Home Physical Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt #
City	State	Zip Code	Email Address*
Date of Birth (MMDDYYYY)	% Ownership	For Indirect Owners: Name of the Entity through which Ownership is held	
Social Security Number		For Non-U.S. Persons: Passport Number or Alien Identification Card Number	
Primary Phone Number	Total Gross Monthly Income**	Source of Total Gross Monthly Income	
	\$		

\* By providing email addresses, you may receive account information, promotions, and special offers.

\*\* Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## BENEFICIAL OWNERSHIP INFORMATION (CONTINUED)

Name: First	Middle	Last	Suffix
Home Physical Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt #
City	State	Zip Code	Email Address
Date of Birth (MMDDYYYY)	% Ownership	For Indirect Owners: Name of the Entity through which Ownership is held	
Social Security Number	For Non-U.S. Persons: Passport Number or Alien Identification Card Number		
Primary Phone Number	Total Gross Monthly Income** \$	Source of Total Gross Monthly Income	

Name: First	Middle	Last	Suffix
Home Physical Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt #
City	State	Zip Code	Email Address
Date of Birth (MMDDYYYY)	% Ownership	For Indirect Owners: Name of the Entity through which Ownership is held	
Social Security Number	For Non-U.S. Persons: Passport Number or Alien Identification Card Number		
Primary Phone Number	Total Gross Monthly Income** \$	Source of Total Gross Monthly Income	

Name: First	Middle	Last	Suffix
Home Physical Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt #
City	State	Zip Code	Email Address
Date of Birth (MMDDYYYY)	% Ownership	For Indirect Owners: Name of the Entity through which Ownership is held	
Social Security Number	For Non-U.S. Persons: Passport Number or Alien Identification Card Number		
Primary Phone Number	Total Gross Monthly Income** \$	Source of Total Gross Monthly Income	

\*\* Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## COMPANY OWNER INFORMATION

Complete this section only if there are no individuals that own 25% or more of the entity. This person will also need to guarantee the account by signing the "Personal Guaranty" section below.


Name: First	Middle	Last	Suffix
Home Physical Address (Required: No P.O. Box allowed, U.S. Address Only)	Suite/Unit/Apt #	Primary Phone Number	% Ownership
City	State	Zip Code	Email Address
Date of Birth (MMDDYYYY)	Social Security Number	Total Gross Monthly Income** \$	Source of Total Gross Monthly Income

\*\* Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## CONTROLLING MANAGER INFORMATION

The following information must be obtained for the individual that has significant responsibility to control, manage or direct the legal entity. Typically, this will be the CEO or President. *Non-profits must complete this section.*

Name: First	Middle	Last	Suffix
Title		Date of Birth (MMDDYYYY)	
Home or Company Physical Address (Required: No P.O. Box allowed, U.S. Address Only)			Suite/Unit/Apt #
City	State	Zip Code	
Social Security Number	For Non-U.S. Persons: Passport Number or Alien Identification Card Number		



Yes! I would like to enroll in the Arvest Flex Rewards™ Program.  
**IMPORTANT: SIGNATURES REQUIRED TO ENROLL IN THE ARVEST FLEX REWARDS™ PROGRAM.**

Visit [arvest.com/businessrewards](http://arvest.com/businessrewards) for program details.

\_\_\_\_\_ Applicant

\_\_\_\_\_ Authorized Representative

## ACCOUNT OPTIONS

Central Billing Statement with Individual Memo Statements - Central Billing Statement generates a master statement for making one combined monthly payment, along with account breakdown for reviewing individual account activity. Payments WILL NOT post to individual accounts and should not be made on the Individual Memo Statements.

Please Select one: Do you want to allow Cash Advances on each card in the company's Corporate Card Account? YES NO

If Yes, Select one: What percentage of each card's credit limit should be available for Cash Advances?

25% 50% 75% 100% OTHER \_\_\_\_\_ %

Day of month for all statements to bill out (Select one):

4 6 9 12 14 15 18 23 24 End of Month

Note: Payment due date will be 25 days after billing date.

## INTEREST RATES AND INTEREST CHARGES

The information about the costs of the cards described in this application is accurate as of May 1, 2020. This information may have changed after that date. To find out what may have changed, call us at 1-800-356-8085 or write to us at P.O. Box 6139, Norman, OK 73070.

<b>Annual Percentage Rate (APR) for Purchases</b>	<b>0%</b> Introductory APR for 6 billing cycles. After that, your APR will be <b>10.24%</b> variable for Elite* Corporate VISA Accounts; <b>14.24%</b> variable for Premier* Corporate VISA Accounts based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
<b>Annual Percentage Rate (APR) for Balance Transfers</b>	<b>0%</b> Introductory APR for 6 billing cycles. After that, your APR will be <b>10.24%</b> variable for Elite* Corporate VISA Accounts; <b>14.24%</b> variable for Premier* Corporate VISA Accounts based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
<b>Annual Percentage Rate (APR) for Cash Advances</b>	<b>10.24%</b> variable for Elite* Corporate VISA Accounts; <b>14.24%</b> variable for Premier* Corporate VISA Accounts based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
<b>Variable Rate Information</b>	Your APR may vary. The non-introductory rate for purchases, cash advances, and balance transfers is determined monthly by adding <b>6.99%</b> for Elite Corporate VISA Accounts or <b>10.99%</b> for Premier Corporate VISA Accounts to the highest U.S. Prime Rate published in <i>The Wall Street Journal</i> on the 10th day (or prior business day) of the prior month.
<b>Penalty APR and When It Applies</b>	<b>None</b>
<b>How to Avoid Paying Interest on Purchases</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. We will begin charging interest on cash advances and balance transfers on the transaction date.
<b>Minimum Interest Charge</b>	<b>None</b>

## FEES

<b>Annual Fees</b>	<b>None</b>
<b>Transaction Fees:</b> <ul style="list-style-type: none"> <li>• <b>Balance Transfer</b></li> <li>• <b>Cash Advance</b></li> <li>• <b>Foreign Transaction</b></li> </ul>	<b>None</b> Either <b>\$4</b> or <b>4%</b> of the amount of each cash advance, whichever is greater. <b>1%</b> of each transaction in U.S. dollars.
<b>Penalty Fees:</b> <ul style="list-style-type: none"> <li>• <b>Late Payment</b></li> <li>• <b>Over the Credit Limit</b></li> <li>• <b>Returned Payment</b></li> </ul>	<b>\$29</b> <b>\$29</b> <b>\$29</b>

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)". See your Cardholder Agreement for more details. To receive a copy of your Cardholder Agreement, call us at (800) 356-8085 or write to us at PO Box 6139, Norman, OK 73070. You may also view our Cardholder Agreement by visiting [arvest.com/businesscards](http://arvest.com/businesscards).

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your Cardholder Agreement.

\*Your application is a request for an account with either Elite or Premier Pricing. We will first consider you for the pricing with the lowest rates. We determine your APR based on a review of your application and credit history.

## DATED SIGNATURES (Required)

Company, by the authorized individual(s) below, represents and warrants to Arvest Bank, Fayetteville, Arkansas, as the issuer of the Card(s) ("Issuer"), that Company is legally obligated to pay for Purchases, Cash Advances and all Other Charges incurred by those employees given a VISA Corporate Card. Subject to applicable law, Company will be liable and obligated to pay for all Purchases and Cash Advances made by use of the Cards, whether or not such use was authorized or unauthorized, and whether or not there was actual, implied, or apparent authority for such use. Company hereby acknowledges that the use of each Card is governed by the terms and conditions of the Cardholder Agreement and Disclosure Statement, as it may be amended from time to time (the "Agreement"), a copy of which shall be delivered with each Card authorized hereunder. 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 for you: When you open 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 or other identifying documents. **MUST BE AT LEAST 18 YEARS OLD AND A U.S. RESIDENT TO APPLY.**

Capitalized terms not otherwise defined herein shall have the same meaning as specified in the Agreement.

Authorized Signature (Dated Signatures Required)	Title	Date
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## PERSONAL GUARANTY OF COMPANY'S OBLIGATIONS

In order to induce Arvest Bank, Fayetteville, Arkansas ("Bank") to issue credit to Company under the terms and conditions of this Application and the Agreement, the undersigned (jointly and severally, if more than one), a principal shareholder or equity holder of Company, hereby guarantee(s), absolutely and unconditionally, to Bank the payment of all sums due to Bank, whether at stated maturity or otherwise, and whether for principal, interest, fees, expenses (including reasonable attorneys' fees), under the terms of the Agreement and each Card issued pursuant thereto (the "Guaranty"). This Guaranty is a continuing guaranty and shall remain in full force and effect until (a) the Agreement is terminated, and (b) Bank is paid in full thereunder. This Guaranty is binding on the undersigned and each of the undersigned's heirs, executors, administrators, legal representatives, successor and assigns.

The undersigned specifically agrees that it shall not be necessary or required that Bank exercise any right, assert any claim or demand or enforce any remedy whatsoever against Company or any other undersigned before or as a condition to the obligations of such undersigned hereunder. No delay on the part of Bank in exercising any rights hereunder, or failure to exercise the same, shall operate as a waiver of such right, and, in no event shall any modification or waiver of the provisions of this Guaranty be effective unless in writing and signed by an authorized officer of Bank. This Guaranty sets forth the entire understanding of the parties with respect to the subject matter herein contained, and the undersigned waives the right to assert defenses, setoffs and counterclaims in any litigation relating hereto. This Guaranty shall be governed by and construed in accordance with the laws of the State of Oklahoma.

The undersigned hereby authorizes Bank to setoff without notice all sums owed by Company against any of Company's or undersigned's accounts at Bank and further grants Bank a security interest in all such accounts. Further, the undersigned authorizes Bank to make or cause to be made such credit investigations as it deems necessary or appropriate to evaluate the credit, personal or financial standing and employment of such undersigned as guarantor of the Company's obligations under the Card and to share its credit experiences with Company and such guarantor with other creditors and credit reporting agencies. The undersigned hereby acknowledges that the use of each Card is governed by the terms and conditions of the Agreement, as it may be amended from time to time.

Signature of Guarantor	Printed Name	% Ownership	Date
Signature of Guarantor	Printed Name	% Ownership	Date

All Company owners with 25% ownership or greater are required to sign the above Personal Guaranty. If there are no owners with 25% ownership or greater, the person in the "Company Owner Information" section must sign as the guarantor.

## ACCOUNTS FOR INDIVIDUAL EMPLOYEES TO RECEIVE CARDS

Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
	\$		\$
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
	\$		\$
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
	\$		\$
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
	\$		\$
Employee Name	Anticipated Monthly Spend	Employee Name	Anticipated Monthly Spend
	\$		\$

## AUTHORIZED CONTACTS

The person(s) authorized to give additional Company information regarding the Card Account for this Company and make changes to the Card Account is/are:

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Authorized Contact's Name

Authorized Contact's Phone Number

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Authorized Contact's Email Address

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Authorized Contact's Name

Authorized Contact's Phone Number

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Authorized Contact's Email Address

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Authorized Contact's Name

Authorized Contact's Phone Number

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Authorized Contact's Email Address

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## BANK USE ONLY

Associate Name

Associate ID#

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Branch# / Bank# Stamp

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