

Business Name _____ Taxpayer ID No. _____

☐ Corporation ☐ For Profit ☐ Not For Profit

☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other _____

Business Address _____

Business City, State, & Zip _____

Business Telephone No. _____ Business Fax No. _____

Business Email _____ Business Web Page _____

Checking Account No. _____ Savings Account No. _____

No. of Cards Requested _____

Name of Cardholders:

Name _____ Date of Birth _____ Tax ID No. _____

Limit Requested \$ _____

Name _____ Date of Birth _____ Tax ID No. _____

Limit Requested \$ _____

Name _____ Date of Birth _____ Tax ID No. _____

Limit Requested \$ _____

Name _____ Date of Birth _____ Tax ID No. _____

Limit Requested \$ _____

Signatures: By signing below, you are requesting the Stillman Business Debit Card and associated services. You agree to the terms and conditions of the Business Debit Card Agreement, including any fees and charges. You further agree that the information contained in this Application is accurate. You authorize us to verify your creditworthiness and employment history, as an individual, through any necessary means, including having a consumer credit reporting agency run a consumer credit report on you. We reserve the right to refuse any request for a card and revoke an issued card for any reason.

Signature & Title _____ Date _____

Signature & Title _____ Date _____

Signature & Title _____ Date _____

Signature & Title _____ Date _____

Mail or Deliver Application to:

Stillman Bank

P.O. Box 150
Stillman Valley, IL 61084

For Institution Use ☐ Approval ☐ Declined By _____ Date _____ No. Cards Rcd _____

Separate Authorization on File ☐ Yes ☐ No Additional Information _____