

Mastercard® Consumer Application

PLEASE CHOOSE CARD TYPE: World Card and Preferred Points Card Low Rate Card

WE INTEND TO APPLY FOR JOINT CREDIT: _____ (Applicant Initials) _____ (Co-Applicant Initials)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 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. **MARRIED WI RESIDENTS:** If you are applying for an individual account or a joint account with someone other than your spouse, and your spouse also lives in Wisconsin, combine your financial information with your spouse's financial information. You understand that we may be required to notify your spouse of this account. **Married Wisconsin residents must furnish their (the applicant's) name and social security number as well as the name and address of their spouse to TIB, National Association, at P.O. Box 569120, Dallas, TX 75356-9120.**

Please check this box if you would prefer to receive a Visa® Card.

APPLICANT

LAST NAME	FIRST NAME	MIDDLE INITIAL	MOTHER'S MAIDEN NAME (For Security Purposes)	
STREET ADDRESS		CITY	STATE	ZIP CODE
				YEARS AT ADDRESS
BIRTH DATE	SOCIAL SECURITY NUMBER		HOME PHONE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS STREET ADDRESS		CITY	STATE	ZIP CODE
				YEARS AT ADDRESS
NAME OF EMPLOYER OR SOURCE OF INCOME		POSITION OR TITLE	BUSINESS PHONE	NO. OF YEARS
GROSS MONTHLY INCOME*		OTHER INCOME*	SOURCE OF OTHER INCOME	
\$ _____		\$ _____	_____	

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

CO-APPLICANT/SPOUSE/AUTHORIZED USER

Complete the following questions about your spouse only if you live in a community property state, or if you choose to rely on income or assets of your spouse. If you have a co-applicant or are requesting an authorization for a user of the Account, provide information about that person. If you are relying on alimony, child support, or separate maintenance payments or on the income or assets of another person, complete regarding that person.

NAME OF CO-APPLICANT/SPOUSE/AUTHORIZED USER	BIRTH DATE	SOCIAL SECURITY NUMBER	
BUSINESS EMPLOYER OR SOURCE OF INCOME	GROSS MONTHLY INCOME*	OTHER INCOME*	SOURCE OF OTHER INCOME
_____	\$ _____	\$ _____	_____

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

SIGNATURES

LOAN APPLICATION CERTIFICATION: Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that this application will remain your property and you will retain it whether or not this application is approved.

This application is submitted to obtain credit. You are authorized to check my/our employment history and to ask questions about my/our credit experiences. Without limiting the foregoing, I/we authorize you to make inquiries (including requesting reports from consumer credit reporting agencies and other sources) to verify my/our identity and determine my/our eligibility for credit, and subsequently in connection with any extension of credit, update, renewal, review or collection of my/our account or for any other legal purpose. I understand that, on my/our request, you will tell me/us whether or not you requested a credit report and the names and addresses of any credit bureaus that provided you such reports. I/We also authorize you to release information to others about my/our credit history with you. I/We understand that you may report information about my/our account to credit bureaus. Late payments, missed payments, or other defaults on my/our account may be reflected in my/our credit report.

STATE LAW DISCLOSURES: CA Residents: Regardless of your marital status, you may apply for credit in your name alone. If this is a joint account, after credit approval each applicant has the right to use this account to the extent of any credit limit set by the creditor, and each applicant may be liable for all amounts of credit extended under this account to any joint applicant. DE and MD Residents: **Service charges not in excess of those permitted by law will be charged on the outstanding balances from month to month.** NY Residents: New York residents may contact the New York State Department of Financial Services (1-800-342-3736) to obtain a comparative listing of credit card rates, fees, and grace periods. OH Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Married WI residents: No provision of a marital property agreement, a unilateral statement under section 766.59, or a court decree under section 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement, or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT (if applicable)	DATE
X		X	

INTERNAL USE ONLY

BANK #	EMPLOYEE CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(Not to exceed 5 alpha or numeric characters)	

CL _____ CDS _____ DT _____ BY _____

Please print, sign, and return this completed application (page 1) along with any required supporting documentation to: 877-809-9162 (fax) or banksupport@tib.bank (e-mail).

Mastercard® Consumer Application

	WORLD CARD AND PREFERRED POINTS CARD	LOW RATE CARD
Interest Rates and Interest Charges		
Annual Percentage Rate (APR) for Purchases	2.90% introductory APR for six months. After that, your APR will be 15.49% . This APR will vary with the market based on the Prime Rate. ^a	2.90% introductory APR for six months. After that, your APR will be 10.49% . This APR will vary with the market based on the Prime Rate. ^b
APR for Balance Transfers and Cash Advances	2.90% introductory APR for six months. After that, your APR will be 15.49% . This APR will vary with the market based on the Prime Rate. ^a	2.90% introductory APR for six months. After that, your APR will be 10.49% . This APR will vary with the market based on the Prime Rate. ^b
Penalty APR and When It Applies	19.49% – This APR will vary with the market based on the Prime Rate. ^c This APR may be applied if you allow your Account to become 60 days past due. How Long Will the Penalty Apply? If your APR is increased for the reason stated above, the Penalty APR will apply until you make three consecutive minimum payments when due.	
Paying Interest	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.	
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore/ .	

Fees		
Annual Fee	None	None
Transaction Fees: Balance Transfer and Cash Advance International Transaction	Either \$10 or 3% of the amount of each balance transfer or cash advance, whichever is greater. 2% of each transaction in U.S. dollars.	
Penalty Fees: Late Payment Returned Payment	Up to \$25 Up to \$25	

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." See your account agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in the account agreement that will be provided to you before you begin using your new card.

Prime Rate: After the introductory rate, the APR will vary based on changes in the Index, the Prime Rate (the base rate on corporate loans posted by at least 70% of the ten largest U.S. banks) published in the *Wall Street Journal*. The Index will be adjusted on the 25th day of each month or the business day preceding the 25th day if that day falls on a weekend or a holiday recognized by the Board of Governors of the Federal Reserve System. Changes in the Index will take effect beginning with the first billing cycle in the month following a change in the Index. Increases or decreases in the Index will cause the APR and periodic rate to fluctuate, resulting in increased or decreased Interest Charges on the Account. As of March 25, 2022, the Index was 3.5%.

^a We add 11.99% to the Prime Rate to determine the APR for Purchases, Balance Transfers, and Cash Advances. The Account will never have an APR over 21%.

^b We add 6.99% to the Prime Rate to determine the APR for Purchases, Balance Transfers, and Cash Advances. The Account will never have an APR over 21%.

^c We add 15.99% to the Prime Rate to determine the Penalty APR. The Account will never have an APR over 21%.

If at least one box at the top of the application is not checked, or, if too many boxes are inadvertently checked, you will be deemed to have selected the Low Rate Card. If you do not qualify for a World Card and you qualify for a Preferred Points Card, you will automatically be offered a Preferred Points Card. You understand and agree that the benefits for the World Card are different than those for the Preferred Points Card.

If you check the box to receive a Visa® Card, you understand and agree that the benefits for a Visa® Card are different than for a Mastercard® Card.

The issuer and administrator of the credit card program is TIB, National Association.
The information about the cost of the Card described in this table is accurate as of April 1, 2022.
This information may change after that date. To find out what may have changed, call us at 800-367-7576 or write TIB, National Association, P.O. Box 569120, Dallas, Texas 75356-9120 .

Please print and save this page for your records.