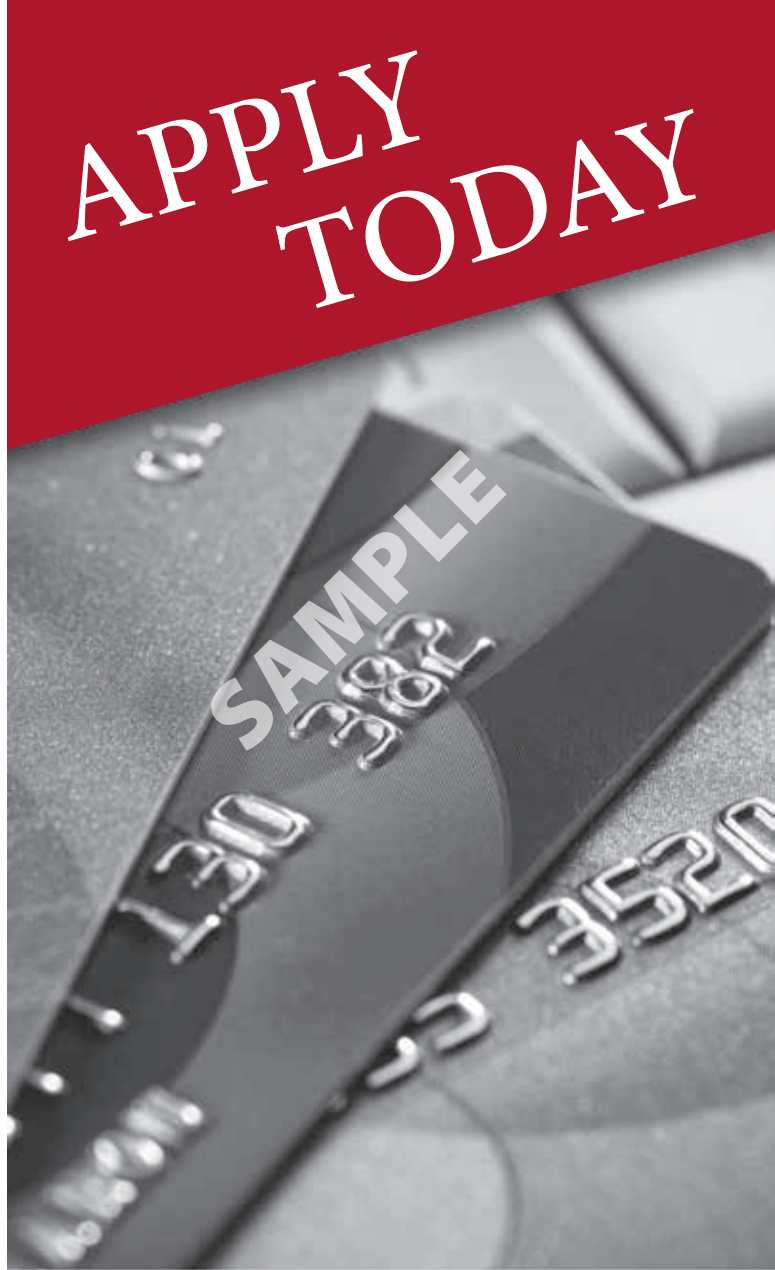


PLACE
STAMP
HERE

GRAND SAVINGS BANK
P.O. BOX 38
DECATUR, AR 72722



Building a successful financial plan takes the right resources. That's why we work hard to provide you with quality financial services and products. Like our convenient, flexible Visa® Business Credit Card. They're accepted at thousands of locations worldwide for just about any type of purchase you can dream up. And, unlike those big out-of-town institutions, our card comes with the personal, friendly service you've come to expect from us. So, whatever your plans, choose the credit card that gives you all the value and buying power you need to get your projects off the drawing board.

Apply for yours today!



Corporate Partnership, or L.L.C. 

Resolution for issuance of Credit Cards

Resolved that any of the following representatives of this corporation, partnership or L.L.C.

Name	Title
Signature	
Name	Title
Signature	
Name	Title
Signature	

Are hereby authorized to borrow in the name of and upon the credit of this corporation/partnership/L.L.C. and through use of a credit card ("Bankcard") from Grand Savings Bank ("Card Issuer") such sum or sums as such representative(s) deem necessary for the day to day operation of this corporation/partnership/L.L.C.

Further resolved, that any of the above named representative(s) is also empowered to request issuance of a sufficient number of Bankcards issued by Grand Savings Bank and to request specific credit limits therefore as he or she deem necessary for the day to day operation of business.

Further resolved, that these resolutions are intended to and do confer upon the above named representative(s) or of this corporation/partnership/L.L.C. or either of them a general authority to deal on behalf of this of this corporation/partnership/L.L.C. with Grand Savings Bank involving issuance and maintenance of bankcard accounts. This resolution shall continue in force until notice in writing of its revocation shall be given to and received by Grand Savings Bank.

We hereby certify that the foregoing is a full, true and correct copy of resolution adopted by the Board of Directors of said of this corporation/partnership/L.L.C. at a meeting duly and regularly called and held on the

_____ Day of _____ 20_____, and that said resolution is duly recorded and appears in the minute book of said of this corporation/partnership/L.L.C. and has not been altered, amended or revoked.

Name	Title
Signature	
Name	Title
Signature	

CREDIT APPLICATION

Credit Limit Requested \$

Visa® Business Card

Check Account Choice: (Only One)

- Sole Owner Corporation
 Partnership LLC

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

COMPANY INFORMATION

Name of Company				Tax I.D. Number
Company Address	City	State	Zip Code	Business Phone
Type of Business				How Many Years in Business

ISSUE BUSINESS CREDIT CARDS TO THE FOLLOWING INDIVIDUALS:

The information gathered for the individuals to receive the credit cards includes the signature at the bottom of each box.

Attach additional sheet if necessary (with signatures)

Last Name	First	Middle	Social Security Number
Company Title	Division / Department		Date of Birth
Home Address	City	State	Zip
Signature	Limit for this Individual Card: \$		
Last Name	First	Middle	Social Security Number
Company Title	Division / Department		Date of Birth
Home Address	City	State	Zip
Signature	Limit for this Individual Card: \$		

CREDIT INFORMATION

Institution Name and Address	Branch	Loans	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Checking Account Number / Name Listed	Savings Account Number / Name Listed		

Attach additional sheet if necessary (with signatures)

Name and Address of Trade References	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1.			\$	\$
2.			\$	\$
3. Institution Credit Card / Institution Name and Address			\$	\$

CONDENSED BUSINESS FINANCIAL STATEMENT

CURRENT ASSETS	\$	CURRENT LIABILITIES	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
IMPORTANT: THE FINANCIAL STATEMENT OR AN ATTACHED STATEMENT MUST BE COMPLETED BEFORE YOUR APPLICATION CAN BE PROCESSED.		NET WORTH (Total Assets Less Liabilities)	\$

Bank reserves the right to require additional information

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

AUTHORIZED OFFICER MUST BE ONE OF THE FOLLOWING (check one):

_____ PRESIDENT/CHAIRMAN V.P. TREASURER OWNER PARTNER

<input checked="" type="checkbox"/> Applicant Signature	Title	Date	Authorizing Signature	Title	Date
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CREDIT DISCLOSURES

Annual Percentage Rate for Purchases	9.99% - 25.99%	14.99% - 16.99%	16.99% - 25.99% if you make a late payment or make a payment that is returned	Grace Period for re-payment of balances for purchases	25 Days*
Annual Percentage Rate for Cash Advances					
Penalty APR					
Annual Fee			NONE		
Cash Advance Fee			Up to \$50.00 or 3.0% of amount advanced, minimum \$10.00		
Foreign Transaction Fee			Up to 2.0%		
Late Payment Fee			Up to \$25.00		
Over-the-Credit Limit Fee			NONE		
Return Payment Fee			Up to \$25.00		
Expedited Card Issuance			\$10.50 per card		

The information about the costs of the cards described above is accurate as of September 2017. This information is Subject To Change. To Receive The Most Up To Date Information, Write Us At: Grand Savings Bank, P.O. Box 38, Decatur, AR 72722.

VISA CONTINUING GUARANTY

IN CONSIDERATION of the establishment of a VISA account in the name of the customer established above (hereinafter referred to as the "Holder"), the undersigned party or parties do by these presents undertake to guaranty to the Grand Savings Bank, Decatur, Arkansas, (Hereinafter referred to as the "Issuer"), on a continuing basis, the full and prompt payment of any and all extensions of credit on Holder's VISA account with Issuer, presently existing or hereinafter arising, whether entered into by Holder or by any Authorized User of Holder's account, plus applicable Finance Charges thereon and reasonable attorney's fees should Holder's VISA account be referred to an attorney for collection.

The undersigned party or parties further agree to bind themselves, as well as their prospective heirs and assigns, in solido along with Holder and among themselves as to any and all extensions of credit which may occur from time to time at the sole discretion of issuer, without further notice to any guarantor(s) on Holder's VISA account plus finance charges and attorney's fees, each severally waiving presentment for payment, demand, notice of non-payment protest, notice of protest and all pleas of division and discussion. Accordingly, Guarantor(s) or any undersigned party or parties agree and bind themselves to be responsible for any and all outstanding balance. Issuer shall have a right to extend scheduled payments of Holder's VISA account from time to time, one or more times, without notice.

No delay on the part of issuer in exercising any power or right hereunder shall operate as a waiver of any such power or right, nor shall any single or partial exercise or any power or right hereunder preclude other or further exercise thereof of he exercise of any power or right hereunder.

It is expressly agreed that this Continuing Guaranty is absolute and complete, and that the acceptance and notice of acceptance thereof by issuer are therefore unnecessary and are hereby expressly waived. This Continuing Guaranty shall continue in full force and effect until such time as Holder's VISA account with the issuer is paid in full, all VISA credit cards in possession of Holder or any Authorized User are returned to issuer, and said account is cancelled. Termination of the Continuing Guaranty shall not affect any liability of the party or parties hereto to issuer with regards to debts or obligations then existing on Holder's VISA account.

IN WITNESS WHEREOF, I (we) have hereunto signed my (our) name(s) on this _____ Day of _____, 20____.

_____ SS# _____ SS#

_____ SS# _____ SS#

FOR INTERNAL USE ONLY

ACCOUNT NO. (1)	ACCOUNT NO. (2)				
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY
NO. CARDS	PRO. CODE	NO. CARDS	PRO. CODE		

Grand Savings Bank, Decatur, AR 72722

FOLD AND SECURE WITH TAPE FOR MAILING

All contents are accurate at the time of printing, for changes that may have been made after printing please call (800) 460-2070.

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