



Please Choose One:

New Credit Card Account

Credit Line Increase

MasterCard® Commercial Credit Card

All Fields Must Be Completed

Section 1 Company Information

Company Legal Name:		Telephone	Fax#	
Company Mailing Address:		City	State	ZIP
Federal Tax ID#	Gross Annual Sales \$	Time in Business	E-Mail Address	
Nature of Business	Total Number of Employees	Checking Account #	Current Balance \$	
Business Structure:	Sole Proprietorship Unincorporated Association	Partnership Non-Profit Organization	Limited Liability Company	Corporation Government Other: _____

Business name to appear on card(s) - Maximum 24 spaces

Section 2 Authorized Officer Information

(1) Name of Guarantor	Birthdate (MM/DD/YY)	Social Security Number	Do you want a card issued to you?*	
Authorized Officer must be one of the following (check one):		Owner	ATM Access	Gross Monthly Salary**
Pres./Chairman	Vice Pres.	Treasurer	Partner	Proprietor
Yes	No	\$		
Home Address (No PO Box)	City	State	Zip	Home Phone
				Work Phone
(2) Name of Guarantor	Birthdate (MM/DD/YY)	Social Security Number	Do you want a card issued to you?*	
Authorized Officer must be one of the following (check one):		Owner	ATM Access	Gross Monthly Salary**
Pres./Chairman	Vice Pres.	Treasurer	Partner	Proprietor
Yes	No	\$		
Home Address (No PO Box)	City	State	Zip	Home Phone
				Work Phone
(3) Name of Guarantor	Birthdate (MM/DD/YY)	Social Security Number	Do you want a card issued to you?*	
Authorized Officer must be one of the following (check one):		Owner	ATM Access	Gross Monthly Salary**
Pres./Chairman	Vice Pres.	Treasurer	Partner	Proprietor
Yes	No	\$		
Home Address (No PO Box)	City	State	Zip	Home Phone
				Work Phone

*Cards are embossed with both the business and cardholder's name. **Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Section 3 Authorized Employee Cardholders (if more than four additional form can be provided)

(1) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(2) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(3) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(4) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		complete information on back

Section 4 Authorized Officer Signature

I certify that I have read and agree with Section 6 - Agreement below. This application is signed individually and on behalf of the Company.

X

Signature

Date

X

Signature

Date

X

Signature

Date

Section 5 Credit Disclosures

Annual Percentage Rate (APR) for Purchases	9.99%
Other APR's	Cash Advance APR: 9.99%
Grace Period for repayment of balance for purchases	25 days
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual Fees	None
Minimum Finance Charge	\$0.00
Transaction Fee for Cash Advances	None
Balance Transfer Fee	None
Late Payment Fee	up to \$30.00
Return Payment Fee	\$15.00
Over-the-Credit-Limit Fee	None

Section 6 Agreement (Where the term I is used shall be I Or We as Applicable)

I, the Authorized Signer, represent to Cumberland Valley National Bank that I am at least 18 years of age, I am a U.S. citizen or permanent legal resident of the United States, and I understand that this statement is submitted to obtain credit. I certify that all information herein is true and complete. I agree that inquiries may be made to verify information and that credit references or verification may be given based on holder agreement, a copy of which will be mailed to the applicant if the application is granted, receipt of such agreement and acceptance of such terms to 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.

Section 7 Credit Line Increase Information

Please provide card number(s) and amount of line after increase:

Card Number: _____ Increase of: \$ _____

Card Number: _____ Increase of: \$ _____

Card Number: _____ Increase of: \$ _____

Card Number: _____ Increase of: \$ _____

Card Number: _____ Increase of: \$ _____

Card Number: _____ Increase of: \$ _____

Card Number: _____ Increase of: \$ _____

Card Number: _____ Increase of: \$ _____

Section 8 Additional Request

In order to evaluate your request for a MasterCard®, we need most current Financial Statement and two years of Tax Returns for the business

FOR INTERNAL USE ONLY

Approved By _____ Credit Line \$ _____ Declined By _____

MasterCard® Commercial Credit Card for _____
Company Legal Name

Section 3 Authorized Employee Cardholders

(5) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(6) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(7) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(8) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(9) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(10) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(11) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(12) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(13) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(14) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		
(15) Name of Employee Cardholder*	Home Phone	Work Phone	Individual Line Request \$
Social Security Number	Date of Birth		