



**CVNB**

## Business Debit Card Application

### Business Information

Business Name:		D.B.A./Trade:	
Owner/President Name:		Owner/President Phone Number:	
Business Phone Number:		Business Fax Number:	
Primary Checking Account Number:		Taxpayer ID Number:	
Business Legal Type:			

### Address Information

Business Address:		Mailing Address (If Different):	
City		Email Address:	
State		Company Website:	
Zip Code			

### Authorized Signer(s) Information

	Signer Name	Title	SSN#
1.			
2.			
3.			
4.			

## Cardholder Information

Primary Card Holder Name:		Daily Purchase Limit (\$)	
Daily ATM Limit (\$)		Accounts to Access	
Accounts To Access		Accounts to Access	

Secondary Card Holder Name:		Daily Purchase Limit (\$)	
Daily ATM Limit (\$)		Accounts to Access	
Accounts To Access		Accounts to Access	

Third Card Holder Name:		Daily Purchase Limit (\$)	
Daily ATM Limit (\$)		Accounts to Access	
Accounts To Access		Accounts to Access	

Fourth Card Holder Name:		Daily Purchase Limit (\$)	
Daily ATM Limit (\$)		Accounts to Access	
Accounts To Access		Accounts to Access	

Fifth Card Holder Name:		Daily Purchase Limit (\$)	
Daily ATM Limit (\$)		Accounts to Access	
Accounts To Access		Accounts to Access	

Sixth Card Holder Name:		Daily Purchase Limit (\$)	
Daily ATM Limit (\$)		Accounts to Access	
Accounts To Access		Accounts to Access	

## Certification

### FOR SOLE PROPIETORS

I am the sole proprietor and authorized signer ("Authorized Signer") on behalf of the business (the "Company") named in the signature line below and as set in the application (the "Application"), and I agree:

### FOR CORPORATIONS, PARTNERSHIPS AND LLC

I am the \_\_\_\_\_ authorized signer ("Authorized Signer") on behalf of the business (the "Company") named in the signature line below and as set forth in the application (the "Application"), and I hereby certify that the following resolution was duly adopted by the \_\_\_\_\_ :

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That the Authorized Signer on behalf of the Company, is authorized to (1) apply for the Cumberland Valley National Bank Business MasterCard® Debit Card; (2) designate the deposit accounts of the Company that may be used in connection with the services rendered herein; (3) designate the employees of the Company who may use the services and any limitations on such use; and (4) complete and execute all forms, documents and agreements required by Cumberland Valley National Bank to use the services rendered herein.

By signing the Agreement the Authorized Signer on behalf of the Company, agrees as follows:

I certify that all the information in this Agreement is true and complete and I agree to notify Cumberland Valley National Bank of material changes to such information. Cumberland Valley National Bank, its agents and assignees (i) are authorized to contact third parties to verify any information provided in connection with the Application, (ii) may obtain credit reports, including consumer credit reports, in connection with any account, and (iii) at the Company's request, tell the Company whether a credit report was obtained and, if so, the name and address of the reporting agency, which provided it. The Application will be and remain Cumberland Valley National Bank property.

The Company agrees to be bound by the terms and conditions of its Account(s) as described in the Agreement and such other agreements as may govern specific products or services. The Company further agrees that the Account(s) and services are governed by federal and Kentucky law. By causing the Application to be submitted on its behalf, the Company agrees to be bound by the terms and conditions governing the Account(s) linked to the Business Debit Card. Use of the Business Debit Card confirms the Company's acceptance of the terms and conditions governing the Account(s).

I further certify that the resolution set forth above properly adopted on the date of the Application is submitted by the Company in accordance with and in conformity with the Company's governing documents has not been modified or rescinded and is in full force and effect.

I have read and accept the CVNB Business MasterCard® Debit Card Agreement.

<b>Name</b>	<b>Title</b>	<b>Date</b>

Authorized Signer on behalf of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>BANK USE ONLY</b>
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CIF# _____	Branch # _____
Accepted by _____	Date _____
Issued by _____	Date _____
Primary Card Number Issued	Fourth Card Number Issued
Second Card Number Issued	Fifth Card Number Issued
Third Card Number Issued	Sixth Card Number Issued