WALLISBANK

VISA® BUSINESS CREDIT CARD APPLICATION

Check Account Type: (Only One)

- ❑ Sole Ownership
- ❑ Corporation
- ❑ Partnership
- ❑ Limited Liability Company

Credit Limit Requested $ _____

Representative Name _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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.

COMPANY INFORMATION

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

ISSUE BUSINESS CREDIT CARD(S) TO THE FOLLOWING INDIVIDUALS: Attach additional sheets if necessary with signatures.

Last Name	First	Middle	Social Security Number	
Company Title		Division / Department		Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature	Driver's License Number		State	Date

Last Name	First	Middle	Social Security Number	
Company Title		Division / Department		Date of Birth
Home Address	City	State	Zip Code	Home Phone
Signature	Driver's License Number		State	Date

CREDIT INFORMATION

Institution and Address		Branch	Loans	❑ Open ❑ Closed
Checking Account Number / Name Listed		Savings Account Number / Name Listed		

Name and Address of Trade Reference	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 Bank reserves the right to require additional financial information

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	$
Please Provide Your Business' Gross Annual Revenues for the Previous Year	$		

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify 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 cardholder 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

X _____ **X** _____

Applicant Signature Title Date Authorizing Signature Title Date

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	**14.92%**
APR for Cash Advances	**14.92%**
APR for Balance Transfers	**14.92%**
Grace Period for repayment of balances for purchases	25 Days
Method of computing the balance for purchases	Average Daily Balance (including new purchases)

FEES

Annual Fees	None
Balance Transfer Fee	None
Transaction Fee for Cash Advances	$2.00
Foreign Fees	1% of each transaction in U.S. dollars
Late Payment Fee	A late charge of 5% of the payment or a maximum of $10 will be assessed for a payment made 10 days or more after the date payment of this bill is due.
Return Payment Fee	None
Over-the-Credit-Limit Fee	None

The information about the costs of the card described in this application is accurate as of September 2025. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 339, Wallis, Texas 77485.

FOR INTERNAL USE ONLY

Account Number			
Credit Limit	Number of Cards	Date Approved	Approved By

09222025

OFFICER/OWNER'S REPRESENTATIONS. Each Owner/Officer of the Business signing below certifies that (1) the information provided in the Application with respect to the Business is true, correct and complete in all material respects; (2) the personal information provided in this Application with respect to such Owner/Officer is true and correct; (3) the undersigned are authorized to submit this application on behalf of Business and (4) Wallis Bank is hereby authorized, from time to time at its discretion, to check the credit history of Business and the personal credit and employment history of each person signing this application, and to answer questions about Bank's credit experience with Business and each such person.

GUARANTY. Each person signing below {a "Guarantor"), in his or her individual capacity (even though a title or other designation may be placed next to their signature) jointly and severally, unconditionally guarantees and promises to pay to Wallis Bank all indebtedness of the Company, identified above, at any time arising under or relating to any credit requested through this VISA Business Credit Card Application, as well as any extensions, increases or renewals of that indebtedness. Each Guarantor waives (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of the Company or other Guarantor, and (iii) the right to require Wallis Bank to proceed against the Company or any other Guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify Guarantor of any additional indebtedness incurred by the Company, or any changes in the Company's financial condition. Each Guarantor also authorizes Wallis Bank, without notice or prior consent, to (i) extend, modify compromise, accelerate, renew, increase or otherwise change the terms of the guaranteed indebtedness; (ii} proceed against one or more Guarantors without proceeding against the Company or another Guarantor; and (iii) release or substitute any party to the indebtedness or this guaranty. Each Guarantor agrees (i) to pay Wallis Bank's costs and attorney's fees in enforcing this guaranty: (ii) this guaranty shall benefit Wallis Bank and its successors and assigns; and (iii) an electronic or facsimile of Guarantor's signature, in any capacity, may be used as evidence of Guarantor's agreement to the terms of this guaranty. This is a guaranty of payment and not of collection and the Guarantor's liability hereunder shall be primary, direct and immediate. This Guaranty shall be governed by and construed in accordance with the laws of the State of Texas.

BY: _____

Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed

BY: _____

Signature as Authorizing Officer of Business and as Guarantor Printed Name Date Signed

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BORROWING RESOLUTION

☐ Corporation ☐ Limited Liability Company ☐ Limited Partnership

☐ General Partnership ☐ Professional Associtation ☐ Trust

Other: _____

A meeting was held by the appropriate governing body of _____ (the "Company") on _____.

The quorum of governing body was present and the meeting was called to order.

A Resolution authorizing the Company to open a credit card with **WALLIS BANK**, which was considered by the said governing body, and approved.

The establishment of the credit card account is reasonably beneficial to and in the best interest of the Company and the said governing body has authorized the following persons to receive credit cards on such account, and such authority shall remain irrevocable as to **WALLIS BANK** until **WALLIS BANK** be notified in writing of the revocation of such authority and shall in writing acknowledge the receipt of such notification.

NAME/TITLE:

_____

_____

_____

I hereby certify that the above Resolution of the Company, passed at a meeting of said Company, duly and legally called in accordance with and pursuant to governing documents of said Company, held at a meeting of said Company on the _____ day of _____, 20___, a quorum thereof being present and voting unanimously for th adoption of said Resolution and that said resolution is in full force and effect as of the date of this certification.

COMPANY:

_____

_____

By:
Title: