



BUSINESS MASTERCARD CREDIT CARD

Company Information

Legal Company Name _____

Address _____ City _____ State _____ Zip _____

Type of Business _____ Federal Tax I.D.# _____ Fiscal Year Ending _____

Years of Present Ownership _____ Type of Organization: Sole Proprietorship Partnership Corporation Other

Company Name to appear of cards (Limit 21 characters w/ spaces. No symbols or punctuation) _____

Phone Number (Appears on all accounts) _____ **Total Company Credit Line Requested: \$** _____

Are you interested in Consolidated or Individual Billing? Consolidated Individual

Are you interested in viewing Business Card activity and statements online? Yes No

Are you interested in making Business Card payments online? Yes No

Authorized Officer Information

Two years of financial statements and/or tax returns are required. Current borrowing resolution required. Personal statements may be required.

Officer 1

Name of Officer _____ Home Phone _____ Work Phone _____

President/Chairperson Vice President Partner Member

Owner Proprietor Treasurer Secretary Other: _____

Date of Birth _____ SSN _____ Do you want a card issued to you? Yes No

Address _____ City _____ State _____ Zip _____

Drivers License ID #: _____ Issue Date: _____

State ID Issued By: _____ Expiration Date: _____

Credit Limit Requested: \$ _____ Cash Limit Requested: \$ _____

Officer Signature _____ **Date** _____

I have read this application and information on page two and agree with terms, individually, and on behalf of the Company.

Officer 2

Name of Officer _____ Home Phone _____ Work Phone _____

President/Chairperson Vice President Partner Member

Owner Proprietor Treasurer Secretary Other: _____

Date of Birth _____ SSN _____ Do you want a card issued to you? Yes No

Address _____ City _____ State _____ Zip _____

Drivers License ID #: _____ Issue Date: _____

State ID Issued By: _____ Expiration Date: _____

Credit Limit Requested: \$ _____ Cash Limit Requested: \$ _____

Officer Signature _____ **Date** _____

I have read this application and information on page two and agree with terms, individually, and on behalf of the Company.

MasterCard allows for cardholders to go over the set card limit by 10%. All cards will automatically be enrolled into this service. If you do not wish to utilize this service, please sign below to opt-out.

I _____ wish to opt-out of the 10% over limit MasterCard service. This will apply to all cardholders.
(Print Name)

Officer Signature _____ Date _____

I have read this application and information on page two and agree with terms, individually, and on behalf of the Company.

Owners and Guarantors *(includes all owners, officers and partners owning 25% or more)*

I hereby certify, to the best of my knowledge, that the information provided below is complete and correct. I also agree to notify the financial institution of any change in such information.

Name	Home Address	SSN	DOB	Title	% Ownership	Control Person (check 1)
_____	_____	_____	_____	_____	_____	<input type="radio"/>
_____	_____	_____	_____	_____	_____	<input type="radio"/>
_____	_____	_____	_____	_____	_____	<input type="radio"/>
_____	_____	_____	_____	_____	_____	<input type="radio"/>

Control Person (if different from someone above)

The following information is for a single individual with significant responsibility to control, manage or direct a legal entity customer, including an executive officer or senior manager.

Name _____ Home Address _____

Title _____ SSN _____ DOB _____

You are hereby notified that a consumer credit report may be requested in connection with this credit application. If you request, you will be informed whether or not a consumer report was requested, and if such report was requested you will be informed of the name and address of the consumer reporting agency that furnished the report. You are further notified that subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit hereby requested should the bank feel that this is appropriate.

The above statements are submitted for the purpose of obtaining credit and are certified to be true and correct. I/We agree that usual credit inquiries may be made to verify statements. I/We agree that this application shall remain property of the Bank whether the line is granted or not. I understand that if my application is rejected, I may request in writing within 60 days the reason for rejection.

To Chemung Canal Trust Company: I understand that you will send me a CARDHOLDER'S AGREEMENT governing the use of such cards, and that by execution hereof and by the use of any card issued in connection with this Application, you agree be bound by the terms and conditions of the CARDHOLDER AGREEMENT .

Variable Rate Information	Your annual percentage rate may vary. The rate is determined by adding 6.40% to the WSJ Prime Rate.
Grace Period for Repayment of the Balance for Purchase	25 Days
Annual Fees	\$25 for up to 10 cards \$50 for 11 or more Waived the first year.
Minimum Finance Charge	\$0.50
Other Fees	Cash Advance Fee: 2% Minimum: \$2.00 Maximum: \$10.00 Over Limit Fee: \$35 Late Payment Fee: \$35 Return Payment Fee: \$35 Rush Card: \$25
Method of Computing the Balance for Purchases	Average Daily Balance Method (Including Payment)

Information is accurate as of the date this notice was printed (August 2015). This information may have changed after that date. To find out what may have changed, write us at:

Chemung Canal Trust Company
Attn Card Services
PO Box 1522
Elmira, NY 14902

or call 607-737-3711 or toll-free 1-800-836-3711

New York residents may contact the New York State Banking Department to obtain a comparative listing of credit rates, fees and grace periods. New York State Banking Department: 1-800-518-8866.

Branch Officer Approval Date Client Portfolio #

APPROVING OFFICER CONFIRMS THIS APPLICATION MEETS APPROPRIATE UNDERWRITING STANDARDS.



BUSINESS MASTERCARD CREDIT CARD

Cards for Individual Employees

Name _____ Home Phone _____ Work Phone _____

Date of Birth _____ SSN _____

Address _____ City _____ State _____ Zip _____

Drivers License ID #: _____ Issue Date: _____

State ID Issued By: _____ Expiration Date: _____

Credit Limit Requested: \$ _____ Cash Limit Requested: \$ _____

Name _____ Home Phone _____ Work Phone _____

Date of Birth _____ SSN _____

Address _____ City _____ State _____ Zip _____

Drivers License ID #: _____ Issue Date: _____

State ID Issued By: _____ Expiration Date: _____

Credit Limit Requested: \$ _____ Cash Limit Requested: \$ _____

Name _____ Home Phone _____ Work Phone _____

Date of Birth _____ SSN _____

Address _____ City _____ State _____ Zip _____

Drivers License ID #: _____ Issue Date: _____

State ID Issued By: _____ Expiration Date: _____

Credit Limit Requested: \$ _____ Cash Limit Requested: \$ _____

Name _____ Home Phone _____ Work Phone _____

Date of Birth _____ SSN _____

Address _____ City _____ State _____ Zip _____

Drivers License ID #: _____ Issue Date: _____

State ID Issued By: _____ Expiration Date: _____

Credit Limit Requested: \$ _____ Cash Limit Requested: \$ _____

I authorize issue of the individual employee cards.

Signature _____ Date _____

Photocopy this page if additional cardholders are required.