

## MASTERCARD® CommUNITY CREDIT CARD APPLICATION

# GROW YOUR ORGANIZATION WITH PURCHASING POWER AND SPENDING TOOLS.

**Give your non-profit or municipality the opportunity to get something more.**

The MasterCard CommUNITY Credit Card is the perfect way to manage finances for your organization. Take a look at what it offers...

- Consolidated statements
- Free management reporting
- Generous credit line
- Dedicated cardmember service
- Optional rewards program

### Take Control of Your Organization's Finances.

The MasterCard CommUNITY Credit Card is designed for non-profits and municipalities seeking an easier way to manage cash flow and expenses. Enhanced reporting helps document expenses, track purchases, reveal spending patterns, organize budgeting information and save time on accounting procedures.

#### No Annual Fee\*

You will have access to a revolving line of credit, with no annual fee.

#### No Personal Guarantee Needed

Credit approval is based on your Organization, not your personal assets.

#### Dedicated Servicing Group

To ensure all your needs are handled quickly and efficiently, Cardmember Service is your single point of contact to assist with account changes or additions, or to answer any questions you may have. Cardmember Service, based in the U.S., is available 24 hours a day, seven days a week.

#### Consolidated Statements

Organization will receive central billing in one statement each month showing all charges at a single glance. Charges are grouped by cardmember.

#### Improve Cash Flow

You have the choice of paying in full each month, paying 50% of the balance or paying any amount in between the two.<sup>1</sup>

#### Optional Rewards Program

Help reduce expenses with an optional rewards program. Earn one point per dollar spent on eligible net purchases<sup>2</sup> and redeem for flights with no blackout dates, 1% cash back<sup>†</sup>, gift cards or merchandise with no earnings caps! Rewards points from all CommUNITY cards are pooled to one central account.



CASH BACK  
unlimited 1%.



TRAVEL  
no black-out dates.



MERCHANDISE  
electronics,  
decor, gifts  
and more.



GIFT CARDS  
leading  
restaurants,  
retailers  
and more.

#### Free Online Reporting

Our free, comprehensive online management reporting tool can organize and track spending on a monthly, quarterly, annual or YTD basis. You can view your spending by total spend, average ticket or merchant category. You can also compare your organization to others in the same industry or state. Your reports can be customized and your data displays in a clean, easy-to-read format that can be downloaded.

## Apply Today!

We may change APRs, fees and other Account terms in the future based on your experience with Elan Financial Services and its affiliates as provided under the Cardmember Agreement and applicable law.

\* See the Summary of MasterCard Account Terms on page 6 for the full terms of the offer.

<sup>†</sup> See footnote after Rewards Program Rules on page 6.

<sup>1</sup> Elan Financial Services reserves the right to review the account periodically. Upon each review, if the Company's profile has changed, Elan may request all balances be paid in full.

<sup>2</sup> See Rewards Program Rules on page 6.

**EVERYTHING** LISTED BELOW MUST BE INCLUDED IN THE FAX.**REQUIRED** ENTIRELY COMPLETED Application Pages 4 and 5.**APPLICATION**● **1. Product Selection**

- Ensure product is selected (Non-Profit or Municipality, Rewards or No Rewards)

● **2. Organization Information**

- Ensure all fields have been completed.

**Note:** Any missing information could delay the processing of your application and require additional calls.

● **3. Authorized Officer Information**

- Ensure all fields have been completed.

**Note:** Any missing information could delay the processing of your application and require additional calls.

● **4. Certificate of Authority**

- Ensure this section is signed by the Authorized Officer of your Organization (President, SVP, VP, CEO, CFO, etc.)

- Ensure this section is also signed by a second signer (if required by your Organization)

**DOCUMENTATION AND REQUIREMENTS**● **Legal Identity Documentation**

Must be established a minimum of two years. Legal Organization name on the Application must match the Legal Organization name on the Identity Document and Financial Documentation (e.g. Balance Sheets, Income/Cash Flow Statements, Tax Returns or Audited Financial Statements).

**REQUIRED** Include one of the following documents:

- Articles of Incorporation, or  
 Trust Instrument, or  
 Secretary of State Filing, or  
 Certificate in Good Standing, or  
 Government-Issued Business License

● **Financial Documentation:****REQUIRED**  **Two Years of Complete Financial Statements:**

- Balance Sheet **(Required)**  
 Income Statement **(Required)**  
 Cash Flow Statement (Preferred)  
 Business Tax Returns (3rd Party Prepared) (Preferred)

**Audited Financial Statements are Preferred.**

- If most recent full-year financial statements are more than 4 months old, please also include interim financial statements.

- Business Tax Returns (3rd Party Prepared) are **required** if line request is for over \$50,000.

**Missing or incomplete information or documentation could delay the processing of your application and require additional calls.**

## FOR INTERNAL USE ONLY

**REQUIRED** 1. **MUST BE COMPLETED** by the Financial Institution.

Organization Legal Name: \_\_\_\_\_

Elan Location Code: (Not Branch or ID Number) \_\_\_\_\_

Originating Branch ID (your branch number): (Nine characters maximum - alpha or numeric) \_\_\_\_\_

Officer/Employee ID: (Eight characters maximum - alpha or numeric) \_\_\_\_\_

Officer/Employee Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Officer/Employee Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employee Receiving Credit: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Location Code Receiving Credit \_\_\_\_\_ Employee Receiving Credit ID (Eight characters maximum- alpha or numeric) \_\_\_\_\_

**REQUIRED** 2. Enter **Elan Location Code** on the top of the Application, Pages 4 and 5.

**REQUIRED** 3. Include **ALL REQUIRED** Documentation listed above and the **COMPLETED** Application Pages 4 and 5 with this FAX Cover Letter.

**FAX TO: 1-866-509-6772** Number of Pages (including Cover Letter): \_\_\_\_\_

FROM: \_\_\_\_\_ Telephone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

# MASTERCARD® CommUNITY CREDIT CARD APPLICATION

**Elan Location Code (Required)**

<b>CARD OPTIONS CHOOSE ONE</b>	<b>ATTENTION</b> <b>APPLICATION MUST BE COMPLETED AND ALL SECTIONS MUST BE SIGNED</b> Any missing information or signatures could delay the processing of your application and require additional calls.	
	<b>Non-Profit (NP)</b> <input type="checkbox"/> MasterCard CommUNITY Card (No Rewards) COCV SC 07415 PC 2949 <input type="checkbox"/> MasterCard CommUNITY Card w/Rewards COCV SC 07416 PC 2980	<b>Municipalities (MU)</b> <input type="checkbox"/> MasterCard CommUNITY Card (No Rewards) COCV SC 07417 PC 2949 <input type="checkbox"/> MasterCard CommUNITY Card w/Rewards COCV SC 07418 PC 2980
Note: If no selection is made or both products are selected, we will process your application for a MasterCard CommUNITY Card (No Rewards). <b>SEE SUMMARY OF ACCOUNT TERMS ON PAGE 6 FOR RATES, FEES AND OTHER COST INFORMATION.</b>		

<b>ORGANIZATION INFORMATION</b>	Organization Name to Appear on Card (maximum of 21 characters)					
	Organization Legal Name			Tax ID Number		
	Street Address (Required – No P.O. Boxes Allowed, U.S. Addresses Only)				Suite/Unit #	
	City	State	Zip Code	Organization Website Address (if applicable)		
	Mailing Address (If Different Than Above)		City	State	Zip Code	
	Year Organization Established	Organization Phone Number ( ) -	Organization Fax Number ( ) -			
	Gross Annual Sales: \$		Total Organization Anticipated Monthly Spend: \$			

<b>ORGANIZATION STRUCTURE AND CASH ACCESS</b>	Legal Structure: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Municipality	Nature of Business (Describe your organization in 5 words or less.)			
	Type of Industry: <input type="checkbox"/> Agriculture, Forestry, Fishing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance & Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining <input type="checkbox"/> Public Administration <input type="checkbox"/> Retail Trade <input type="checkbox"/> Services <input type="checkbox"/> Transportation <input type="checkbox"/> Other				
	Industry Sub Group (e.g. Women's clothing if Retail Trade selected above)	NAICS Code: 6-digit Business Classification Code. (See www.naics.com/search to locate code.)			
	Cash access enabled on any organization cards? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>ORGANIZATION ACCOUNT RELATIONSHIP INFORMATION</b>	Please check the Organizations financial relationships with this Institution: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Money Market/Investment <input type="checkbox"/> Mortgage/Home Equity <input type="checkbox"/> Auto Loans <input type="checkbox"/> None				
	Total Amount of Deposit Account Balances \$		Please provide the length of time, in years, that you have had a financial relationship with this Institution (if applicable):      Years		

<b>ORGANIZATION LOCATIONS</b>	Country of Legal Formation: (If "Other" provide country name) <input type="checkbox"/> USA <input type="checkbox"/> Other				
	Countries Where Other Offices Are Located:			Number of Offices:	

<b>AUTHORIZED OFFICER INFORMATION</b>	<b>The Authorized Officer must be authorized by the Organization to execute binding agreements on the Organization's behalf and is required to be a cardmember. Upon approval, the Authorized Officer will automatically be issued a credit card.</b>					
	Authorized Officer Name (First, Middle, Last)			Suffix	Authorized Officer's Organization Title	
	Home Street Address (Required – No P.O. Boxes Allowed, U.S. Addresses Only)		City	State	Zip Code	
	Date of Birth / /	Social Security Number - -	Primary Phone Number ( ) -	Organization Phone Number ( ) -		
	Anticipated Monthly Spend \$		Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No			

# MASTERCARD® CommUNITY CREDIT CARD APPLICATION

**Elan Location Code (Required)**

**IMPORTANT TERMS AND APPLICANT AGREEMENT**

The Authorized Officer (the "Applicant") signing this application is applying, on behalf of Organization, for a MasterCard CommUNITY Card Account ("Account") issued by Elan Financial Services ("we," "us" or "our"). If the Organization is approved for an Account, the Applicant requests and directs us to open an Account and to issue MasterCard CommUNITY Cards ("Card", "Cards") to the Applicant and to any individual employee applicants ("Employee Applicants") of the Organization as designated by the Applicant on this application or its addendum, or by any process agreed to by us and the Organization. The Applicant certifies that (i) the execution, delivery and performance of this application has been authorized by all necessary corporate action by the Organization, evidence of which action will be provided upon request; and (ii) the Applicant is authorized to bind the Organization to the terms of this application and the Application Agreement, as further evidenced in a duly executed Organization Certificate of Authority. At the time the Account is opened, the Applicant and each Employee Applicant will be issued a Card and a Cardmember Agreement governing individual use of the Account and Cards. Use of the Card or the Account will signify acceptance of the terms of the Cardmember Agreement, which may be amended from time to time. We reserve the right to consider the Organization for a lower line of credit if one was requested. As long as the Account is open, we may obtain credit reports about the Organization from time to time. The Applicant understands and agrees that the Organization is solely liable for all charges made to the Account, including all Cards designated by the Organization. The Applicant understands and agrees that we may increase or decrease the APR or credit limit assigned to the Account and/or the Cards within the Account or close the Account at any time based on our credit guidelines, credit report information, Account history, or the financial circumstances of the Organization. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system - from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. All applicants must be at least 18 years old and agree that Accounts and Cards will be used primarily for business purposes, and not personal, family, or household purposes. You further agree that in order to open and administer the Account that may be established as a result of this application that we and the correspondent financial institution that solicited this application may share certain information about you and your ongoing Account activity. Information from this application may be shared with our affiliates. Cash access is subject to credit approval. **I have read this Application and agree to its terms.**

**SIGNATURE**

By signing below, you certify that you read and understood the Important Terms and Applicant Agreement and you agree to the terms of this application.

<b>Signature of Authorized Officer</b>	<b>Date</b>
X	

**ORGANIZATION CERTIFICATE OF AUTHORITY**

Authorized Officer signing this section must be the same person listed in the section above.

The Undersigned certifies that \_\_\_\_\_ (Name), \_\_\_\_\_ (Title), ("Authorized Officer") is authorized by Organization to enter into and execute this MasterCard CommUNITY Card Application on behalf of Organization, thereafter binding the Organization to the terms of the MasterCard CommUNITY Card Application Agreement, and further, that the signature appearing below is his/her genuine signature.

<b>Signature of Authorized Officer</b>	Signed this
X	day of (month) (year)
<b>Signature of Secretary or Assistant Secretary</b> (If required by your Organization.)	<b>Printed Name of Secretary or Assistant Secretary</b>
X	
<b>Legal Name of Organization</b> (Legal Organization name must match the Legal Organization name on the Identity Document.)	

**INDIVIDUAL EMPLOYEE INFORMATION**

(Photocopy the application for additional employees, limit 10.) — Complete if you would like to allow other users on this account. The Individual Employee information will not be used to determine creditworthiness for approving this application, nor will they share liability for the account.

<b>Name of Employee</b> (First, Middle, Last)	Suffix	Date of Birth	Social Security Number
		/ /	- -
Anticipated Monthly Spend: \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of Employee</b> (First, Middle, Last)	Suffix	Date of Birth	Social Security Number
		/ /	- -
Anticipated Monthly Spend: \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of Employee</b> (First, Middle, Last)	Suffix	Date of Birth	Social Security Number
		/ /	- -
Anticipated Monthly Spend: \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of Employee</b> (First, Middle, Last)	Suffix	Date of Birth	Social Security Number
		/ /	- -
Anticipated Monthly Spend: \$	Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**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 you for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

**Summary of MasterCard Account Terms**

Interest Rates and Interest Charges	MasterCard CommUNITY Credit Card or MasterCard CommUNITY Credit Card with Rewards
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>14.49%</b> This APR will vary with the market based on the Prime Rate.
<b>APR for Balance Transfers</b>	<b>14.49%</b> This APR will vary with the market based on the Prime Rate.
<b>APR for Cash Advances</b>	<b>24.49%</b> This APR will vary with the market based on the Prime Rate.
<b>Penalty APR and When It Applies</b>	<p><b>28.99%</b> This APR will vary with the market and is based on the Prime Rate, P+23.99%, minimum APR 28.99%.                      The Penalty APR may be applied to your Account if you:</p> <ol style="list-style-type: none"> <li>1) Make payments 5 calendar days late twice or 30 calendar days late once; or</li> <li>2) Make a payment that is returned; or</li> <li>3) If you exceed your Credit Limit 2 times in 12 consecutive months</li> </ol> <p><b>How Long Will the Penalty APR Apply?</b> If your APRs are increased for any of these reasons, the Penalty APR will apply until you make 6 consecutive minimum payments when due and do not exceed your Credit Limit during that time period.</p>
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is 24-30 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
<b>Minimum Interest Charge</b>	If you are charged interest, the charge will be no less than \$2.00.
<b>Fees</b>	
<b>Annual Fees</b>	<b>None</b>
<b>Transaction Fees</b> <ul style="list-style-type: none"> <li>• Balance Transfer</li> <li>• Convenience Check Cash Advance<sup>1</sup></li> <li>• Cash Advance</li> <li>• Cash Equivalent Advance</li> <li>• Overdraft Protection<sup>2</sup></li> <li>• Foreign Transaction</li> </ul>	Either <b>4%</b> of the amount of each transfer or <b>\$10</b> minimum, whichever is greater Either <b>4%</b> of the amount of each advance or <b>\$10</b> minimum, whichever is greater Either <b>4%</b> of the amount of each advance or <b>\$10</b> minimum, whichever is greater Either <b>4%</b> of the amount of each advance or <b>\$20</b> minimum, whichever is greater Either <b>4%</b> of the amount of each advance or <b>\$10</b> minimum, whichever is greater <b>2%</b> of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. <b>3%</b> of each foreign purchase transaction or foreign ATM advance transaction in Foreign Currency.
<b>Penalty Fees</b> <ul style="list-style-type: none"> <li>• Late Payment</li> <li>• Returned Payment</li> <li>• Overlimit</li> </ul>	<b>\$35</b> <b>\$35</b> <b>\$35</b>

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)."

**Contact For Updates:** The information about the costs of the card described in this application is accurate as of January 1, 2017. This information may have changed after that date. To find out what may have changed, call us at 1-866-552-8855 (we accept relay calls) or write us at P.O. Box 6353, Fargo, ND 58125-6353.

<sup>1</sup> Not all products receive Convenience Checks.

<sup>2</sup> Not all products offer Overdraft Protection.

**How Variable Interest Rates Are Determined:** After the introductory period, your interest rate is a variable rate and is determined by a combination of the Prime Rate (which may vary) added to a margin (which does not change). Because the Prime Rate may vary, your variable interest rate will go up or down if the Prime Rate changes. If you are granted an Account, the following rates on the Account are variable: Non-Introductory Purchase Rate; Non-Introductory Balance Transfer Rate; Cash Advance Rate. More information is available in the Cardmember Agreement.

**Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with the law.

**Rewards Program Rules:** Account must be open and in good standing to earn and redeem rewards and benefits. Upon approval, refer to your Cardmember Agreement for additional information. We will award one reward point for each dollar of net purchases (purchases minus returns/credits) charged to a MasterCard CommUNITY card with Rewards Account during each statement period. Reward points will not be awarded to a cardmember for net purchases during a statement period if the cardmember's Account is not open and current (not past due or overlimit) on the statement closing date. Reward points will not be awarded for Cash Advances or other Account Advances as defined in the Cardmember Agreement. Reward points will be earned and redeemed at the organization level. Reward points may be redeemed for airfare (subject to the maximum ticket price and redemption schedule set forth in the Rewards Program Rules), name brand merchandise, gift certificates or Cash Back†. We cannot control how merchants choose to classify their business and reserve the right to determine which purchases qualify. Points expire three years from the end of the quarter in which they are earned. Rewards are administered by a third party. † Rewards points can be redeemed as a cash deposit to a checking or savings account within seven business days or as a statement credit to your credit card account within 1 to 2 billing cycles.

The creditor and issuer of these credit cards is Elan Financial Services, pursuant to a license from MasterCard International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated.