

MASTERCARD® CommUNITY 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 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
- Rewards program
- Pay in full

Take Control of Your Organization's Finances.

The Mastercard CommUNITY 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 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.

Rewards Program

Help reduce expenses with a rewards program. Earn one point per dollar spent on eligible net purchases¹

and redeem for flights with no blackout dates, 1% cash back[†], gift cards or merchandise with no earnings caps! Rewards points from all CommUNITY cards are pooled to one central account.



Free Online Reporting

Our free, comprehensive online management reporting tool can track spending on a monthly, quarterly, annual or YTD basis. You can view your spending by category. Your reports can be customized and your data displays in a clean, easy-to-read format that can be downloaded to a PDF.

Apply Today!

We may change 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.

¹ See Rewards Program Rules on page 6.

[†] See footnote after 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.
 - Ensure AO has signed in **both** areas on page 5
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' Financials (audited recommended):

- If older than four months, current year interim financials needed.
- Balance Sheets **(Required)**
 - Income Statements **(Required)**
 - Cash Flow Statements (Recommended)
 - Audited, Reviewed, Compiled financial statements or Tax Returns are **Required** for limits >\$50k

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:		
Employee Receiving Credit – Elan Location Code (not Branch or ID number)	Employee Receiving Credit – Officer ID (eight characters max, alpha or numeric)	Employee Receiving Credit – Branch ID (your Branch number, nine characters max, alpha or numeric)
Employee Receiving Credit – First Name	Employee Receiving Credit – Last Name	Employee Receiving Credit – Phone Number
Employee Receiving Credit – Email Address		

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

REQUIRED 3. Include **ALL REQUIRED** Documentation listed on page 2 and the **COMPLETED** Application Pages 4 and 5 with this FAX Cover Letter.

FAX TO: 866.509.6772 Number of Pages (including Cover Letter): _____

FROM: _____ Telephone Number: () _____ - _____

Email Address: _____

Financial Institution Name: _____

MASTERCARD® CommUNITY CARD APPLICATION

Elan Location Code (Required)

If no Location Code indicated, App can not be processed.

ATTENTION APPLICATION MUST BE COMPLETED AND ALL SECTIONS MUST BE SIGNED
Any missing information or signatures could delay the processing of your application and require additional calls.

CARD OPTIONS CHOOSE ONE

Non-Profit (NP)
 Mastercard CommUNITY Card (No Rewards) COCV SC 07415 PC 4045 KP:B
 Mastercard CommUNITY Card w/Rewards COCV SC 07416 PC 4047 KP:B

Municipalities (MU)
 Mastercard CommUNITY Card (No Rewards) COCV SC 07417 PC 4045 KP:B
 Mastercard CommUNITY Card w/Rewards COCV SC 07418 PC 4047 KP:B

Note: If no selection is made or both products are selected, we will process your application for a Mastercard CommUNITY Card (No Rewards).
SEE SUMMARY OF ACCOUNT TERMS ON PAGE 6 FOR FEES AND OTHER COST INFORMATION.

ORGANIZATION INFORMATION

Organization Name to Appear on Card (maximum of 21 characters) Tax ID Number

Organization Legal Name

Street Address (Required – No PO Boxes Allowed, U.S. Addresses Only) Suite/Unit # City

State ZIP Code # of Years at Address Organization Website Address (if applicable)

Doing Business As (DBA) Name Doing Business As (DBA) Street Address (NO PO Boxes Allowed, U.S. Addresses Only)

City State ZIP Code

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 Credit Card Spend:

\$ \$

ORGANIZATION STRUCTURE AND CASH ACCESS

Legal Structure: Non-Profit Municipality Nature of Business (Describe your organization in 5 words or less.)

Expected Monthly Cash Transactions (Provide the average of all expected monthly cash transactions that you may make on this card account. Cash transactions include any cash advances or cash equivalent transactions such as purchasing traveler's checks.) Expected Monthly International Transactions (Provide the average of all expected monthly international transactions that you may make on this card account, including credit card purchases originating from or going to another country.)

\$ (If none, write \$0) \$ (If none, write \$0)

Does the Organization offer check cashing services, issue traveler's checks or money orders, provide money transmission services or foreign exchange services, or offer prepaid cards? Yes No

Do you operate a non-bank privately owned ATM on site? Yes No

Type of Industry: Agriculture, Forestry, Fishing Construction Finance, Insurance, Real Estate Manufacturing Mining
 Public Administration Retail Trade Services Transportation 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? Yes No

ORGANIZATION ACCOUNT RELATIONSHIP INFORMATION

Enter your total assets and length of relationship with this Financial Institution.

Combined Checking, Savings and Money Market Accounts Combined Investment and Retirement Accounts

\$ \$

Please provide the length of time, in years, that you have had a financial relationship with this Institution (if applicable):

Years

ORGANIZATION LOCATIONS

Country of Formation: (If "Other" provide country name.) Can the business entity issue bearer shares?

USA Other Yes No

Country of Primary Organization Operations: (If "Other" provide country name.)

USA Other

MASTERCARD® CommUNITY CARD APPLICATION

Elan Location Code (Required)

If no Location Code indicated, App can not be processed.

AUTHORIZED OFFICER INFORMATION

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 card.

Authorized Officer Name (First, Middle, Last)		Suffix	Authorized Officer's Organization Title <input type="checkbox"/> President <input type="checkbox"/> Owner/Proprietor	
			<input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Partner/Principal <input type="checkbox"/> COO	
			<input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> General Manager <input type="checkbox"/> Managing Member	
Home Street Address (Required – No PO Boxes Allowed, U.S. Addresses Only)				Suite/Unit #
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	

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 Applicant 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 spending limit 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 spending 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. You certify that to the best of your knowledge, the information provided about yourself, the name and address provided for the legal entity customer, and the information provided about the individual(s) with control over the legal entity customer is complete and correct.

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.

Signature of Authorized Officer	Date
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 Applicant Agreement, and further, that the signature appearing below is his/her genuine signature.

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

INDIVIDUAL EMPLOYEE INFORMATION

(Photocopy the application for additional employees.) — 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.

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

Summary of Mastercard Account Terms

Payment Information	Mastercard CommUNITY Card (No Rewards)	Mastercard CommUNITY Card with Rewards
All charges made on this CommUNITY Card are due and payable by the Payment Due Date shown on your periodic statement.		
Fees		
Annual Fees	None	\$99.00 (Authorized Officer) None (Authorized Employees)
Transaction Fees <ul style="list-style-type: none"> • Convenience Check Cash Advance¹ • Cash Advance • Cash Equivalent Advance • Overdraft Protection² 	Either 4% of the amount of each advance or \$10 minimum, whichever is greater Either 4% of the amount of each advance or \$10 minimum, whichever is greater Either 4% of the amount of each advance or \$20 minimum, whichever is greater Either 4% of the amount of each advance or \$10 minimum, whichever is greater	
<ul style="list-style-type: none"> • Foreign Transaction 	2% of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. 3% of each foreign purchase transaction or foreign ATM advance transaction in Foreign Currency.	None
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Returned Payment • Overlimit 	Either 3% of the amount of the outstanding balance or \$39 minimum, whichever is greater \$35 \$35	
	\$35	None

Contact For Updates: The information about the costs of the card described in this application is accurate as of July 1, 2018. This information may have changed after that date. To find out what may have changed, call us at 866.552.8855 (we accept relay calls) or write us at PO Box 6353, Fargo, ND 58125-6353.

¹ Not all products receive Convenience Checks.

² Not all products/financial institutions offer Overdraft Protection.

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: Rewards are earned on eligible Net Purchases. Net Purchases are purchases minus credit and returns. Not all transactions are eligible to earn rewards, such as Advances, Balance transfers, and Convenience Checks. 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. From the date you open your Account until your Account is closed, you will receive one reward point for each dollar of Net Purchases 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. You may not redeem Points, and you will immediately lose all of your Points, if your Account is closed to future transactions (including, but not limited to, Program misuse, failure to pay, bankruptcy, or death). 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 with this Financial Institution only, within seven business days, or as a statement credit to your CommUNITY Card account within one to two billing cycles.

The creditor and issuer of these cards is Elan Financial Services, pursuant to a license from Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.