

**Coleman County State Bank  
Business Check Card Application**

Account Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Tax I.D. No.: \_\_\_\_\_

Primary Account Number Your Card Will Access: \_\_\_\_\_

Cardholder #1: \_\_\_\_\_ Daily Limit ATM: \_\_\_\_\_ POS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Cardholder #2: \_\_\_\_\_ Daily Limit ATM: \_\_\_\_\_ POS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Cardholder #3: \_\_\_\_\_ Daily Limit ATM: \_\_\_\_\_ POS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Cardholder #4: \_\_\_\_\_ Daily Limit ATM: \_\_\_\_\_ POS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

As a representative of the above company I understand that I am not considered an owner of any of the above accounts and I am only allowed to perform functions in direct correlation with the perimeters above.

Cardholder #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder #3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder #4 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am an authorized signor of the business. Furthermore I authorize Coleman County State Bank to issue the above named cardholders a business check card subject to the above limitations. The validity of the use of these cards is the responsibility of the account owner.

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_