Sign up additional employees today! WorldPerks[®] Visa[®] Business Card Additional Employee Card Application

COMPANY INFORMATION Please photocopy this application for additional employed								
Company Name								
Street Address				City	State		Zip	
offer radies				0,	•••		r	-
Phone					Social Security # of Business Own	er		
() -								
Business Owner First Name	Middle		Last		Title		Employee Cash Ac	cess
							O Yes	O No
My 9- or 12-digit WorldPerks number	is							
	-							
Business Owner's U.S. Bank Visa Busin	ess Card Account N	lumber						
	-							
EMPLOYEE INFORM	IATION						Maximum pe	er-card limit: \$20,000
#1) Employee First Name	Middle		Last			My 9- or 12-digit W	orldPerks number is	
						-	-	-
Home Street Address				City	State		Zip	
								-
Date of Birth (mm/dd/yy)					Social Security Number			
Signature of Individual Applicant		Date			I have read and agree with		Average Month	ly Purchases
X					the terms of this agreement			
Signature of Business Owner		Date			Name of Business Owner			
X								
							115 1 1 1	
#2) Employee First Name	Middle		Last		My 9- or 12-digit WorldPerks number is			
						-	-	-
Home Street Address				City	State		Zip	-
								-
Date of Birth (mm/dd/yy)					Social Security Number			
/ /								
Signature of Individual Applicant		Date			I have read and agree with the terms of this agreement		Average Monthl	y Purchases
X					the terms of this agreement			
Signature of Business Owner		Date			Name of Business Owner			
X								

By submitting this Application, the Business Owner, individually and on behalf of the Business, and each Individual Employee applicant, authorizes the Bank to investigate, obtain, and exchange reports and information during the Application process, and if the Application is approved, from time to time thereafter, with a) consumer and business credit reporting agencies; b) the Business and c) others with a legitimate business need for such reports or information. This Application must be signed by a Business owner with authority to bind the Business to the terms of this Application Agreement. The Business Owner certifies that the execution, delivery and performance of this Application have been duly authorized by all necessary corporate action by Business, and will provide evidence of such action upon request. The Business Owner and each Individual Employee applicant understand and agree that the Business Owner and the Individual Employee's will be liable for charges to the Account as follows: 1) the Business is jointly and severally liable with each Individual Employee as to that Individual Employee's charges; 2) the Business Owner and each Individual Employee are individually liable as to their respective individual Employee as to that Individual Employee's applicant understand and agree that the Business owner and each Individual Employee are individually liable and jointly liable with the Business for all charges; and 3) if the aggregate credit limit of the Account is \$50,000 or less, the Business Cowner is individually liable and jointly liable with the Eusines to the Account. The Business Owner and each Individual Employee applicant understand and agree that Bank may increase or decrease the credit limit assigned to the Account and/or to the Cards within the Account at any time based on Bank credit guidelines, account history, or the financial circumstances of the Cardholder. At the time the Employee Account is opened, Individual Employee will be issued Cards and a WorldPerks Visa Business Card Cardholder

	ANNUAL MEMBERSHIP FEE	ANNUAL PERCENTAGE RATE	GRACE PERIOD	BALANCE COMPUTATION	TRANSACTION FEES					
	The annual fee is \$75 per card. The annual fee may be tax deductible. Please see your tax advisor.	nual fee may be tax deductible. the last business day of the month in The Wall Street Journal. In the		Average Diily Balance Method (including new purchases)	Late, payment fee of \$55,00 NSF check fee of \$55,00 Over the limit fee of \$55,00 Cash advance fee of 33% of amount requested with a \$5,00 minimum and no maximum. Cash equivalent fee of 4% of amount requested with a \$10 minimum. Minimum payments 2% or \$10, whichever is greater.					
N	NOTE: The information about this card is accurate as of 01/01/02 and is subject to change after that date.									

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After completing all the above fields, please fax to 1-701-461-4084 or mail to U.S. Bank, P.O. Box 6369, Fargo, ND 58108-9895