

Commercial Bank of Texas, N.A. VISA & MasterCard Application

Please Choose One: Individual Application Joint Application If you intend to apply for joint credit, initial here: _____ Applicant _____ Co-Applicant
 Please Choose One: VISA Platinum Flex Miles VISA Platinum VISA Classic Flex Miles VISA Classic Gold MasterCard

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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 will also ask to see your driver's license or other identifying documents.

APPLICANT

LAST NAME	FIRST NAME	MIDDLE INITIAL	MOTHER'S MAIDEN NAME (For Security Purposes)		
STREET ADDRESS		CITY	ST	ZIP CODE	YRS AT ADDRESS
NAME OF LANDLORD OR MORTGAGE COMPANY					
BIRTH DATE	SSN	HOME PHONE			
/ /		()			
PREVIOUS STREET ADDRESS		CITY	ST	ZIP CODE	YRS AT ADDRESS
NAME OF EMPLOYER OR SOURCE OF INCOME		POSITION/TITLE	BUSINESS PHONE		NO. OF YRS
			()		
PREVIOUS EMPLOYER (If less than 3 yrs at current position)		POSITION/TITLE	BUSINESS PHONE		NO. OF YRS
			()		
GROSS MONTHLY INCOME*		OTHER INCOME*	SOURCE OF OTHER INCOME		
\$ _____		\$ _____			

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU	HOME PHONE	ADDRESS OF CLOSEST LIVING RELATIVE
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CO - APPLICANT

Complete the following questions about your spouse only if you live in a community property state, or if you choose to rely on the income or assets of your spouse. If you have a co-applicant or are requesting an authorization for a user of the account, provide information about that person. If you are relying on alimony, child support, or SEPARATE maintenance payments or on the income or assets of another person, complete regarding that person.

NAME OF SPOUSE/CO-APPLICANT	BIRTH DATE	SSN
	/ /	
BUSINESS EMPLOYER OR SOURCE OF INCOME	POSITION/TITLE	BUSINESS PHONE
		()
GROSS MONTHLY INCOME*	OTHER INCOME*	SOURCE OF OTHER INCOME
\$ _____	\$ _____	

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

SIGNATURES

LOAN APPLICATION CERTIFICATION: Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not it is approved. You are authorized to check my/our employment history and to ask questions about my/our credit experiences. This application is submitted to obtain credit. I/We authorize you to release information to others about my/our credit history with you and agree this application will remain your property whether this application is approved or not. I/We have read the Credit Insurance Disclosure and understand that the purchase Credit Account Protector is optional.

STATE LAW DISCLOSURES: Notice to New York State Residents: Consumer reports may be requested in connection with the processing of your Application and any resulting account. Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports. Notice to Ohio Residents: 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 this law. Notice to Married Wisconsin Residents: No agreement, individual statement, or court order applying to marital property will adversely affect the creditor's interest unless the creditor, prior to the time credit is extended, is furnished with a copy of the agreement, statement, or order, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. Notice to California Residents: Regardless of your marital status, you may apply for credit in your name alone.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE
x	/ /	x	/ /

INTERNAL USE ONLY

BANK #7007

EMPLOYEE CODE
 Not to exceed 5 alpha or numeric characters.

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CL _____ CDS _____ DT _____ BY _____

OPTIONAL CREDIT ACCOUNT PROTECTOR

CREDIT INSURANCE DISCLOSURE

The purchase of insurance is optional. The extension of credit cannot be conditioned on either: (a) The consumer's purchase of an insurance product or annuity from the lender or any of its affiliates, or any of its affiliates, or (b) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from any unaffiliated entity.

YES! Please enroll me in the optional CAP insurance program. I have read and understood the insurance and cost disclosures as described herein.

Signature _____ Birth Date _____ / _____ / _____
 (primary/first named applicant)

CREDIT ACCOUNT PROTECTOR

Credit Account Protector (CAP) helps protect your credit rating and your family by making your minimum monthly payments up to \$500 if you become involuntarily unemployed or totally disabled for 30 days or more. It will pay your balance in full, up to \$10,000, if you or your spouse die or suffer dismemberment. Total benefits are limited to the lesser of your outstanding balance as of the date of loss or \$10,000. CAP costs no more than \$0.90 per \$100.00 of your balance each month and there's no charge when there's no balance on your account. Interest (except for CA life and disability benefits), premium accrued and charges made after the date of loss are not covered. This insurance is optional and you may cancel at any time. The effective date of coverage is the next statement billing date after receipt and acceptance of your enrollment. If you enroll, carefully read the certificates which we send you. Enroll now by signing and returning the bottom of your application. Eligibility: you are eligible for CAP if you are a cardholder, under the age of 71 (age 65 in CA; 66 in DE) and your account is in good standing. The person whose signature appears on the enrollment form is designated as the primary cardholder, only one primary cardholder per account. CAP covers only the primary cardholder for disability or unemployment. You must be insured at date of loss to qualify for benefits. Benefits are determined as of the date of loss. Coverage stops when you reach age 71 (age 65 in CA; 66 in DE; 70 in AZ and ND; 72 in NM), or when your account becomes 90 days past due. Spousal benefits are not available in NC & TX. CAP is not available in CO, MN, NJ, PA, VT & VA. Unemployment Benefit: Unemployment must be involuntary and does not cover retirement, resignation, incarceration, periods in which you are paid for work previously done, or self-employed people unless the business is closed for financial reasons. you must be gainfully employed at least 30 hours per week at the time of loss, and you must register at your local unemployment office. Benefits may be limited in MA. Strike is not covered in IL. In AZ, there is no maximum age limitation for involuntary unemployment insurance. Life, Dismemberment and Disability Benefits: For CA and TN, CAP pays the balance on the account as of date of death of the primary account holder or the joint account holder up to \$10,000.00. In AL, suicide excluded first year. A dismemberment is defined as loss of sight in both eyes or a hand or a foot. Dismemberment is not covered in CA, KS, RI & WA. Total disability means that due to accidental injury or sickness you are unable to perform the duties of your occupation and you must be attended by a licensed physician other than yourself. Disability benefits for ME & MA residents commence on the 31st day of disability. To be eligible for disability coverage, you must be gainfully employed 30 hours per week at the time your claim begins, except in CA, GA, ID, IN, ME, MD, MI, MO, NM, OK, TN & WA. CA residents are not covered for disabilities resulting from normal pregnancy or intentionally self-inflicted injuries and may receive only limited benefits for other disabilities or suicide. Monthly Program Costs Per \$100.00 Balance: \$0.90 in MS; \$0.79 in FL; \$0.74 in WV; \$0.70 in AR, LA, TN; &0.66 in DE, DC, IL, KS, KY, OK, SC; \$0.64 in RI; \$0.63 in ID, IA, OH, SD, WY; \$0.61 in IN; \$0.60 in CA; \$0.59 in GA, MI, NV, NH, NC, ND, UT; \$0.55 in NM; \$0.51 in AK, CT, HI, MA, MO, MT, NE, OR, WA, WI; \$0.42 in ME, TX; \$0.39 in AZ; \$0.36 in MD. The cost will be charged to your account each month. Premium rates can be increased upon written notice. If you cancel coverage within 30 days after receipt of our certificate, all premiums will be refunded. Insurance Providers: Life, Dismemberment and Disability Insurance underwritten by: All America Life Ins. Co., Springfield, IL (form GCL275 Series), in CT & NH; American General Assurance Co./USLIFE Credit Life Ins, Co., Schaumburg, IL (form 280 in ME, form 275 in all other states). Involuntary Unemployment Insurance underwritten by: American General Indemnity Co./USLIFE Indemnity Co., Omaha, NE (form USI Series); Montgomery Ward Ins. Co., Schaumburg, IL (form 260 Series); and Colonial Penn Franklin Ins., Valley Forge, PA (form 360 Series). As of 4/04

NOT A DEPOSIT - NOT FDIC INSURED, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY, NOT GUARANTEED BY THE BANK

RATES AND FEES

ANNUAL PERCENTAGE RATE10.0%
PERIODIC RATE833%
VARIABLE RATE INFORMATION . . .Your APR may vary. The rate is determined by adding a margin of 6% to the Index. See explanation below.*
PENALTY APRUp to 21%. See explanation below.*
METHOD OF COMPUTING
BALANCE FOR PURCHASES
AND CASH ADVANCESAverage Daily Balance (including New Purchases and Cash Advances.)
ANNUAL FEENone with the exception of the Classic Flex Miles Card which is \$35.00
GRACE PERIODS25 days from the Closing Date for Purchases. No grace period for Cash Advances.
CASH ADVANCE FEE2% of the amount of the Cash Advance subject to a minimum fee of \$2.00.
ADDITIONAL FEESLate payment Fee: \$25.00
.Over-the-Limit Fee: \$25.00
.NSF Fee: \$25.00
.Pay-by-Phone: Up to \$10.00

*The rate will vary based on the Index (The Wall Street Journal Prime Rate) plus a margin. The APR will be adjusted on the third Wednesday of March, June, September, and December based on changes in the Index and will take effect on the first day of the billing cycle after a change in the Index. Increases or Decreases in the Index will cause the APR and periodic rate to fluctuate, resulting in increased or decreased Finance Charges on the account. As of March 1, 2004, the Index was 4%. The account will never have an APR over 21%.

**If your Account is 60 days late, your APR may increase automatically to a higher rate up to 21%. After an increase, timely payments for 3 months may result in a lower rate.

The information about the cost of the Card described in this table is accurate as of March 1, 2004. This information may change after that date. To find out what may have changed, call us at 800-367-7576 or write Bank Card Center, P.O. Box 569120, Dallas, Texas 75356.

ENJOY THE BENEFITS OF FLEX MILES

When you choose one of our Flex Miles cards, in addition to a Preferred Rate on your card purchases you will receive the following travel benefits:

- 1,000 Bonus Miles just for opening your account.
- For every dollar you spend in purchases on your enrolled card, you'll earn a matching Flex Miles point towards free air travel.
- Travel can be redeemed for as little as 18,000 points for a round-trip ticket - up to a \$360 value. You can also accumulate miles toward greater rewards.
- There are no blackout dates and no seat restrictions. We make it easy for you to get to the destination of your choice. After all, it's your vacation.
- Pre-Trip Assistance
- Emergency Ticket Replacement

Use your Flex Miles card instead of cash or checks for all those everyday purchases you're already making - everything from gasoline and groceries to car repairs and home furnishings - and watch your Flex Miles add up fast.