



Required For Master Credit Line Increases:
A Corporate Resolution or copy of the Board Minutes
authorizing the Business Officer(s) executing this
application to apply for Credit on behalf of the
Business.

**Company Expense/Charge Card:
 Business Account Maintenance Form**

Please Print, Sign & Fax or E-mail completed document to:
 813-435-2414 or c3.bam@icba.tcm bank.com

Information about the Business

*Legal Name of the Business		*Company Name (DBA Name)	
*Business Mailing Address ()	City	State	Zip Code
*Business Phone Number ()			
*Contact Person	*Phone Number \$	E-Mail Address	
*Federal Tax Identification Number	Annual Business Revenue	Number of Years in Business Under Current Owner	

Authorized Business Officer 1

First Name	Middle Initial	Last Name	Business Title
Home Street Address - -		City / /	State Zip Code
Social Security Number		Date of Birth (MM/DD/YYYY)	

Authorized Business Officer 2

First Name	Middle Initial	Last Name	Business Title
Home Street Address - -		City / /	State Zip Code
Social Security Number		Date of Birth (MM/DD/YYYY)	

Add / Delete / Modify Authorized Users

Add / Delete / Modify:	/ /	- -	\$
Name or Card #	Date of Birth (MM/DD/YYYY)	Social Security Number	Credit Line
Add / Delete / Modify:	/ /	- -	\$
Name or Card #	Date of Birth (MM/DD/YYYY)	Social Security Number	Credit Line
Add / Delete / Modify:	/ /	- -	\$
Name or Card #	Date of Birth (MM/DD/YYYY)	Social Security Number	Credit Line
Add / Delete / Modify:	/ /	- -	\$
Name or Card #	Date of Birth (MM/DD/YYYY)	Social Security Number	Credit Line
Add / Delete / Modify:	/ /	- -	\$
Name or Card #	Date of Birth (MM/DD/YYYY)	Social Security Number	Credit Line

Current Master Credit Line: \$ _____ Requested Master Credit Line: \$ _____
 If increasing the Master Credit Line please complete the entire form; Additional documentation may also be required.

Please read the following carefully before signing: You, as an officer of the Business with authority to bind the Business: (a) Request TCM Bank, N.A. to open a Visa credit card account in the name of the Business., (b) Represent that all cards issued on the account will only be used for commercial or business purposes, (c) Certify that all information supplied in or with the application is accurate and complete., (d) Agree that inquiries may be made to verify information, a business credit bureau report may be obtained, and that information regarding the account may be reported to the business credit bureaus, (e) Request TCM Bank, N.A. issue cards as directed in this application or as the Business directs in the future, (f) Authorize TCM Bank, N.A. to contact you or the Business at any telephone number included on this Application or any telephone number subsequently provided to TCM Bank, N.A., (g) If you provide your email address, we may use it to contact you about your account and tell you about useful products and services, (h) Authorize any firm or individual from whom the Business has obtained or requested credit to furnish the details of that transaction. The Business also agrees to provide financial information upon request, in a form that is acceptable to the bank, (i) Agree to be bound by the Company Expense Charge Card Terms and Conditions

X

X

*Authorized Business Officer 1

Date

Authorized Business Officer 2

Date