

# Business Credit Card Change Request Form



## SECTION 1. Select one or more of the following (please refer to the instructions on the back of this form):

- Add Cardholder    Close Employee Card    Add/Remove/Replace Account Administrator    Change/Correct Company Name    Change/Correct Tax ID
- Company Credit Limit Increase (\$ \_\_\_\_\_ - desired credit limit)    Company Credit Limit Decrease (\$ \_\_\_\_\_ - desired credit limit)

## SECTION 2. Company Information

Company Legal Name		Tax ID Number	Company Phone Number
Company Address (No P.O. Boxes allowed)		Suite, Apt., Building, etc.	
City	State	ZIP Code	
\$ _____			
Gross Annual Sales	Source of Sales	Full Company Credit Card Account Number	
Change/Correct Company Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, reason for the change/correction: _____	
Change/Correct Company Tax ID	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, reason for the change/correction: _____	

## SECTION 3. Authorized Officer Information

First Name	M.I.	Last Name	
_____	_____	( ) -	( ) -
Social Security Number	Date of Birth (MM/DD/YYYY)	Home Phone Number	Alternate Phone Number
Home Address (No P.O. Boxes allowed)			
City	State	ZIP Code	
<i>(Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for this request)</i>			
\$ _____		\$ _____	
Monthly Income	Source of Income	Monthly Other Income	Source of Other Income
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Monthly Mortgage/Rental Amount: \$ _____		

## SECTION 4. Add Cardholder/Close Employee Card (Use additional sheets as needed)

Name of Cardholder	Last 4 Digits of Social Security Number	\$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Close Card
Name of Cardholder	Last 4 Digits of Social Security Number	\$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Close Card

## SECTION 5. Add/Remove/Replace Account Administrator

Current Account Administrator Name	New Account Administrator Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Replace
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## SECTION 6. Signature - MUST BE SIGNED, NO TELEPHONE AUTHORIZATIONS

**If Authorized Officer:** I, the Authorized Officer, represent and warrant to PNC Bank that I am duly authorized to execute and deliver, including to electronically execute and deliver, this Business Credit Card Change Request Form and any other documents, including the Certification Regarding Beneficial Owners of Legal Entity Customers form, on behalf of the Company, and that all necessary action to authorize the execution and delivery of this form and any other required documents has been properly taken. Both the Company and I will continue to be jointly and severally liable for all transactions on the credit card account, which means that I continue to be personally liable for all amounts due on the business credit card account.

If the Company has requested a credit limit increase, I authorize PNC Bank, on behalf of the Company and of myself, to obtain information from others concerning the Company's and my respective credit standings and other relevant information impacting this request, from time to time throughout the term of the indebtedness, including obtaining credit reports on the Company and me, and file copies of financial statements from any accountant or accounting firm.

**If Account Administrator:** I, the Account Administrator, represent and warrant to PNC Bank that I am duly authorized to execute and deliver, including to electronically execute and deliver, this Business Credit Card Change Request Form and any other documents, as necessary, on behalf of the Company, and that all necessary action to authorize the execution of this form and any other documents has been taken.

  X    
Signature \_\_\_\_\_ Name and Title (please print) \_\_\_\_\_ Date \_\_\_\_\_

**Email: Send an email to us at [businesscardunderwriting@pnc.com](mailto:businesscardunderwriting@pnc.com) and request a secure email message. *Please do not send any completed forms directly to provided email address without FIRST receiving a secure email from us.* Or Fax: Send completed form and certification form, as applicable, to 1-888-455-4602.**

For Bank Use Only - From: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

## Business Credit Card Change Request Form INSTRUCTIONS

The Business Credit Card Change Request form must be completed as provided below, signed by the Authorized Officer on the business credit card account, and emailed or faxed to PNC Bank using the information at the bottom of the form. If you would prefer to email, please first send an email to us at [businesscardunderwriting@pnc.com](mailto:businesscardunderwriting@pnc.com) and request that we send you a secure email message. ***Please do not send any complete forms directly to us without FIRST receiving a secure email from us.*** Any information that is incomplete or illegible may cause a delay in processing your request. Depending on the request made, you may also be required to complete, sign and submit a Certification Regarding Beneficial Owners of Legal Entity Customers form which is available in Online Banking.

**Add Cardholder** – To have a credit card issued to a Company employee, please complete the following sections:

- Section 1 – Check the Add Cardholder box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 4 – Provide the name of the Company employee, last four digits of that employee's social security number, and specify the spending limit, up to the Company's maximum credit limit, for the credit card to be issued to the named employee.
- Section 6 – The Authorized Officer listed in Section 3 or the Account Administrator must sign, print name and title, and date the form.

**Close Employee Card** – To have an existing Company employee's credit card closed, please complete the following sections:

- Section 1 – Check the Close Employee Card box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 4 – Provide the name of the Company employee to be removed and the last four digits of that employee's social security number.
- Section 6 – The Authorized Officer listed in Section 3 or the Account Administrator must sign, print name and title, and date the form.

**Add/Remove/Replace Account Administrator** – To add, remove or replace an Account Administrator (a Company employee who has been granted authority by the Company to manage the credit card account on behalf of the Company), please complete the following sections:

- Section 1 – Check the Add/Remove/Replace Account Administrator box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 5 – Select either Add, Remove or Replace. If adding a new Account Administrator, provide the name of the current Account Administrator (if applicable) and the name of the new Account Administrator. If removing a current Account Administrator, provide the name of the current Account Administrator to be removed. If replacing the designated Account Administrator with a new Account Administrator, provide both the name of the current Account Administrator and the name of the new Account Administrator.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.

**Change/Correct Company Name** – To change or correct the Company's Legal Name, please complete the following sections:

- Section 1 – Check the Change/Correct Company Name box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account. Please also select the YES box for the Change/Request Company Name and provide the reason for the change/correction.
- Section 3 – Provide the name of the Authorized Officer.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.
- Certification Regarding Beneficial Owners of Legal Entity Customers form – Complete, sign, and return along with the Business Credit Card Change Request form.
- Also provide any supporting documents to reflect why the Company's legal name on the credit card account needs to be changed or corrected.

**Change/Correct Tax ID** – To change or correct the Company's Tax ID, please complete the following sections:

- Section 1 – Check the Change/Correct Company Tax ID box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account. Please also select the YES box for the Change/Request Company Tax ID and provide the reason for the change/correction.
- Section 3 – Provide the name of the Authorized Officer.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.
- Also provide a copy of the SS-4 which reflects the changed/corrected Company tax identification number.

**Company Credit Limit Increase** – To request an increase to the Company's credit limit for the credit card account, please complete the following sections:

- Section 1 – Check the Company Credit Limit Increase box and insert the requested limit desired.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, gross annual sales, source of sales, and the 16 digits for the Company's credit card account.
- Section 3 – Complete this section in its entirety.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.
- Certification Regarding Beneficial Owners of Legal Entity Customers form – Complete, sign, and return along with the Business Credit Card Change Request form.

*NOTE: To request an increase to the spending limit for an employee's card, do not use this form. Please contact Customer Care at 800-474-2101.*

**Company Credit Limit Decrease** – To request a decrease to the Company's credit limit for the credit card account, please complete the following sections:

- Section 1 – Check the Company Credit Limit Decrease box and insert the requested limit desired.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.

*NOTE: To request a decrease to the spending limit for an employee's card, do not use this form. Please contact Customer Care at 800-474-2101.*

# PRIVACY NOTICE TO CALIFORNIA RESIDENTS



**Last Updated Date: December 8, 2019**

**Effective Date: January 1, 2020**

## **Changes to Our California Privacy Notice**

PNC will update this notice in response to changing legal, technology, or business developments. We will post the most up-to-date notice on <https://www.pnc.com/en/privacy-policy.html>. You can see when the notice was last updated by checking the "last updated" date displayed at the top. For questions, please contact PNC as noted below.

The California Consumer Privacy Act (CCPA) requires us to notify California residents (unless an exemption applies) of the categories of personal information we collect about them, with reference to the categories set forth under the CCPA, and the purposes for which we will use such categories of personal information.

**Categories of Personal Information Collected:** The relevant categories of personal information PNC may collect about California residents includes:

- **Identifiers:** such as real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol (IP) address, email address, account name, Social Security number, driver's license number, passport number, or other similar identifiers.
- **Customer records:** such as paper and electronic customer records containing personal information, such as name, signature, Social Security number, physical characteristics or description, etc.
- **Protected classifications under California or federal law:** such as age, race, color, ancestry, national origin, citizenship, religion or creed, marital status, medical condition, physical or mental disability, etc.
- **Commercial information:** such as records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories or tendencies.
- **Biometric information:** such as genetic, biological characteristics, etc. such as, fingerprints.
- **Internet or other electronic network activity information:** such as browsing history, search history, website interaction, etc.
- **Geolocation data:** such as physical location or movements.
- **Sensory data:** such as audio, electronic, visual, thermal, olfactory, or similar information.
- **Employment information:** such as current or past job history or performance evaluations.
- **Profiles or inferences:** such as profiles reflecting a person's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes.

**Purposes of Use:** We may use the above categories of personal information as follows:

- To provide the services for which the information was provided, including to maintain and administer any accounts you open with us and to process transactions and payments.
- For authentication, identity verification, and fraud prevention and detection.
- To respond to or address your questions and investigate and resolve any issues.
- To personalize your experience using our websites and services.
- To improve and develop products and services and for other research and analytics purposes.
- To respond to authorized regulatory, compliance, and legal process.
- To evaluate or conduct a merger or to sell or transfer some or all of PNC's assets.
- To protect and defend our rights and interests and those of third parties, including in defense of litigation and other claims against us.

**Not covered by this Notice:** This Notice does not address or apply to any of the nonpublic information we collect about consumers, pursuant to the Gramm-Leach-Bliley Act (GLBA) or otherwise subject to an exemption under CCPA Section 1798.145. For information, please review our Privacy Notice.

For more details and information about the personal information we collect and how we collect, use and disclose such personal information (as defined by the CCPA) and your rights regarding such personal information, please call 1-888-PNC-BANK (1-888-762-2265) or visit us at [pnc.com/en/privacy-policy.html](https://www.pnc.com/en/privacy-policy.html).





## CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

### I. GENERAL INSTRUCTIONS

#### What is the purpose of this form?

To help the government fight financial crime, federal regulation requires financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

#### Who has to complete this form?

This form must be completed by the person opening or updating an account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or individuals opening or updating accounts on their own behalf.

#### What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each individual that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

You may also be asked to provide a copy of a driver’s license or other identifying document for each beneficial owner and controlling party listed on this form.

**Note regarding updating information:** From time to time the information provided in this form may need to be updated due to changes in the ownership or controlling party of the legal entity customer or its beneficial owners. Further, from time to time PNC may be required to verify the continued accuracy of the information provided.

### II. CERTIFICATION OF BENEFICIAL OWNER(S)

**Persons opening or updating an account on behalf of a legal entity must provide the following information:**

- a. Name, Type, Address and Taxpayer Identification Number (TIN) of Legal Entity for Which the Account is Being Opened or Updated (i.e., the customer):

Entity Name: \_\_\_\_\_

Entity Type (e.g. Corporation, Partnership, etc.): \_\_\_\_\_

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

Entity TIN: \_\_\_\_\_



b. Name and Title of Person Opening or Updating Account:

Name: \_\_\_\_\_

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

c. **Beneficial Owner(s)**: The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

**If no individual meets this definition, please check “Beneficial Owner Not Applicable” below and continue to section (d).**

**Beneficial Owner Not Applicable**

*For U.S. Persons: Select citizenship status and provide Social Security Number (SSN); For Non-U.S. Persons: Select citizenship status (if applicable) and provide SSN, Individual Taxpayer Identification Number (ITIN), Passport or Other Acceptable ID Information*

<p><b>Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Residential Street Address:</b> _____</p> <p><b>Citizenship:</b>    <input type="checkbox"/> U.S. Citizen    <input type="checkbox"/> U.S. Resident Alien    <input type="checkbox"/> Immigrant Refugee</p> <p><b>For Non-U.S. Persons:</b>                  ID Type: _____    ID #: _____    Country of Issuance: _____</p>	<p><b>% of Ownership:</b> <b>SSN / ITIN #:</b></p>
<p><b>Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Residential Street Address:</b> _____</p> <p><b>Citizenship:</b>    <input type="checkbox"/> U.S. Citizen    <input type="checkbox"/> U.S. Resident Alien    <input type="checkbox"/> Immigrant Refugee</p> <p><b>For Non-U.S. Persons:</b>                  ID Type: _____    ID #: _____    Country of Issuance: _____</p>	<p><b>% of Ownership:</b> <b>SSN / ITIN #:</b></p>
<p><b>Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Residential Street Address:</b> _____</p> <p><b>Citizenship:</b>    <input type="checkbox"/> U.S. Citizen    <input type="checkbox"/> U.S. Resident Alien    <input type="checkbox"/> Immigrant Refugee</p> <p><b>For Non-U.S. Persons:</b>                  ID Type: _____    ID #: _____    Country of Issuance: _____</p>	<p><b>% of Ownership:</b> <b>SSN / ITIN #:</b></p>
<p><b>Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Residential Street Address:</b> _____</p> <p><b>Citizenship:</b>    <input type="checkbox"/> U.S. Citizen    <input type="checkbox"/> U.S. Resident Alien    <input type="checkbox"/> Immigrant Refugee</p> <p><b>For Non-U.S. Persons:</b>                  ID Type: _____    ID #: _____    Country of Issuance: _____</p>	<p><b>% of Ownership:</b> <b>SSN / ITIN #:</b></p>

Entity TIN: \_\_\_\_\_



- d. **Controlling Party:** The following information for one individual with significant responsibility for managing the legal entity listed above, such as:
- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Partner, President, Vice President, Treasurer); or
  - Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

**For U.S. Persons:** Select citizenship status and provide Social Security Number (SSN); **For Non-U.S. Persons:** Select citizenship status (if applicable) and provide SSN, Individual Taxpayer Identification Number (ITIN), Passport or Other Acceptable ID Information

<b>Name:</b>	<b>Title:</b>	
<b>Date of Birth:</b>	<b>SSN / ITIN #:</b>	
<b>Residential Street Address:</b>		
<b>Citizenship:</b>	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Resident Alien
		<input type="checkbox"/> Immigrant Refugee
<b>For Non-U.S. Persons:</b> ID Type:	ID #:	Country of Issuance:

I, \_\_\_\_\_,  
 hereby certify that I am authorized to disclose the information provided above and, to the best of my knowledge, the information provided is complete and correct. Further, I authorize PNC to share the information provided with any individual authorized to open or update accounts on behalf of the legal entity customer.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Entity TIN: \_\_\_\_\_

