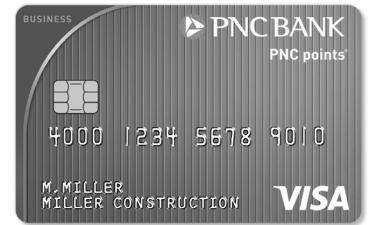


# PNC points® Visa® Business Credit Card Application



## Apply Today

Fax application to 1-844-205-9527

Now you can get rewarded for the business banking you're already doing. After enrolling in PNC points® or linking your new PNC points Visa® Business credit card to an existing PNC points account, you can earn points with every qualifying purchase. You'll get:

- > **5 points** for every \$1 in qualifying business credit card purchases<sup>1</sup>

Redeem your points for valuable rewards like cash, gift cards, travel and more.

### The PNC Business Advantage

The PNC points Visa Business credit card comes with valuable features and benefits to help manage business expenses, including:

- > **0% Introductory APR\* on purchases for the first 9 billing cycles** following account opening and **0% Introductory APR\* on balance transfers for the first 9 billing cycles** when the balance is transferred within the first 90 days following account opening. Then a variable rate, currently 13.24% to 22.24% **APR**, based on your creditworthiness.
- > **Purchase Security with Extended Protection**
- > **Emergency Cash/Card Replacement**
- > **Rental Car Insurance and Roadside Dispatch®**
- > **Company-Level Billing** - If multiple cards are issued to your business, you'll receive detailed reporting that enables you to monitor spending and streamline the payment process by making one payment for the entire company.
- > **Greater Spending Control** - You decide which employees receive cards.
- > **Professional Presentation** - Card features both the employee name and your company name.
- > **Free Online Account Management** with Account View. Check your current balance, view transactions, make payments and more.
  - Access up to 13 months of transaction detail
  - Download activity to most financial software and spreadsheet applications
- > **Designate a Program Administrator** to manage and monitor your points Visa Business credit card accounts. You'll have the ability to change employee credit lines, add and close accounts, activate cards and more.

### Apply for the PNC points Visa Business Card now!

<sup>1</sup> You earn points only if your Credit Card is enrolled or linked to your PNC points account before the Qualifying Purchase takes place. A "Qualifying Purchase" is any purchase which is processed or submitted through the Visa U.S.A. Inc. payment system made with an enrolled Credit Card and includes signature-based and PIN-based purchases, Internet purchases, phone or mail-order purchases, or bill payments (other than to another financial institution), contactless purchases (purchases made by holding your Card or other device up to a secure reader instead of swiping your card), or small dollar purchases for which you are not required to sign. Additional restrictions apply. For more information on qualifying purchases, see program terms and conditions at [pnc.com/points](http://pnc.com/points).

\* The introductory 0% APR is subject to increase in the event a payment is late. Balance transfer fees apply. Keep in mind that if you take advantage of this intro 0% APR balance transfer offer you may lose any grace period you may have on new purchases. Payments may be applied to pay off low APR balances before paying off higher APR balances. **Additional information about account rates and fees is included.**



## Summary of Account Terms

**Annual Fee:** None

**APR on Purchases:** Introductory 0% APR for the first 9 billing cycles following account opening.<sup>1</sup> After that, a variable 13.24% to 22.24% APR, based on your creditworthiness.

**Balance Transfer APR\*:** Introductory 0% APR for the first 9 billing cycles following account opening when the balance is transferred within the first 90 days following account opening.<sup>1</sup> After that, a variable 13.24% to 22.24% APR, based on your creditworthiness.

### *Other Rates and Fees*

**Cash Advance APR:** 24.24% APR variable

**Penalty APR:** 31.24% APR variable<sup>2</sup>

**Balance Transfer Fee:** Either \$5 or 3% of the amount of each balance transfer, whichever is greater.

**Cash Advance Fee:** Either \$10 or 4% of the amount of each cash advance, whichever is greater (maximum fee of \$75).

**Foreign Transaction Fee:** 3% of the amount in U.S. dollars of each foreign transaction.

**Late Payment Fee:** Up to \$39

**Overlimit Fee:** \$39

**Returned Payment Fee:** \$35

**Returned Convenience Check Fee:** \$35

<sup>1</sup> The introductory rate will end early and the APR will increase to the Penalty APR for all balances in the event a payment is late.

<sup>2</sup> The Default APR may apply to all balances in the event that two consecutive minimum payments are not received by the respective due dates.

### **Balance Transfer Terms Instructions and Information**

If the Company is approved for a credit card account, we may permit the transfer of balances and obligations that Company owes other companies or financial institutions ("Balance Transfers") to its credit card account subject to these terms and conditions, the credit card agreement and the terms and conditions of any special Balance Transfer offers we make to the Company. The available credit limit will be reduced by the total amount of the Balance Transfer. Any Balance Transfer must be at least \$200; however, we may choose to process a Balance Transfer for less at our discretion. Balance Transfers will post to the Company credit card account and be separately reflected on its monthly account statements as a Balance Transfer. Company may not request Balance Transfers of existing obligations owed to us or our affiliates. Transferred balances must be from a business account. Balance Transfer requests to individuals for cash will not be processed. If Company requests a Balance Transfer that would cause its credit card account to exceed its credit limit, we may, at our option, (a) accept the entire amount of the requested Balance Transfer and assess an overlimit fee; (b) accept only a portion of the amount requested as a Balance Transfer up to the amount available under the credit limit; or (c) refuse to process any amount of the requested Balance Transfer. Recently disputed charges with other creditors should not be included in a Balance Transfer request. By transferring an amount in dispute, certain dispute rights the Company may have may be forfeited. Allow approximately three weeks from account opening for processing of Balance Transfers. Balance Transfers will not automatically close the account from which the Balance Transfer was made. Company must contact the other creditor to close that account. Cost information about Balance Transfers is provided for in the disclosure in the Offer Details section. Balance Transfers do not earn rewards. There is no grace period for Balance Transfers.

PNC Bank reserves the right to change or terminate the PNC points program at any time.

PNC points is a registered mark of The PNC Bank Financial Services Group, Inc.

Visa is a registered trademark of Visa International Service Association and used under license.

PNC Bank, National Association (N.A.) is the issuer of the credit card described herein.

©2019 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association ("PNC Bank"). **Member FDIC**

The enclosed Certification Regarding Beneficial Owners of Legal Entity Customer must be completed, signed and submitted with the application.

**1. Business Information** - Please print legibly

Business Legal Name Tax ID Number or SS#

( ) -

Business Name to Appear on Card(s) (21 characters maximum) Business Phone Number

Business Address (No P.O. Boxes allowed) (24 characters maximum) Suite, Apt., Building, etc.

City State ZIP Code

Business Mailing Address (Optional - No P.O. Boxes allowed) (24 characters maximum) Suite, Apt., Building, etc.

YY/MM

City State ZIP Code Time in Business

Type of organization: Check One  Sole Proprietorship  Partnership  Nonprofit  Corporation  Other: \_\_\_\_\_

Industry Segment (SIC Code) (Check One)  Healthcare (8099)  Restaurants (5812)  Construction (1799)  Retail (5999)  Manufacturing (3999)  Agriculture (0762)  
 Professional Services (8999)  Wholesale Trade (5099)  Non Profit (8399)  Other (9999)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Gross Annual Sales Anticipated Annual Spend (Optional)

Is your business one of the following?  Yes  No Is your business legally formed or organized outside of the US?  Yes  No

**Marijuana/Marijuana Related/Medical Marijuana Business** - directly engaged in the cultivation/distribution/sale/dispensing of marijuana, products containing or derived from marijuana, drug paraphernalia, or directly providing goods or services to these types of businesses.

**Core Money Service Business** - 50% or more of your revenue comes from: currency dealing or exchange; check cashing; issue, sale or redemption of checks, money orders, or stored value; and/or money transmission.

**Internet Gaming/Gambling Business** - receives/transmits a bet or wager using the Internet (customary activities of a financial transaction provider, interactive computer service or telecommunications service are excluded).

**2. Applicant Information** - same individual should be listed as the Controlling Party and signer on the Certification Form

First Name M.I. Last Name (maximum 21 characters) Date of Birth

YY/MM

Social Security Number Home Phone Number Alternate Phone Number Years at Residence

Home Address (No P.O. Boxes allowed) (24 characters maximum)

City State ZIP Code Email Address

Are you a US citizen?  Yes  No If not, are you:  Resident Alien  Non-resident Alien

**WISCONSIN RESIDENTS ONLY: You have indicated that you live in Wisconsin. You must provide your marital status here.  Married  Unmarried  Separated Alimony, child support or separate maintenance payment need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

Rent  Own  Other \$ \_\_\_\_\_ YY/MM

Monthly Mortgage/Rental Amount Length of Employment

Business  Other Employment  Household/family income  Business  Other Employment  Household/family income  
 Investments  Government Payments  Inheritance  Investments  Government Payments  Inheritance

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Income Source of Income Monthly Other Income Source of Other Income

**3. Additional Card Information**

1. Name of Additional Cardholder First Name M.I. Last Name Last 4 Digits of Social Security Number

2. Name of Additional Cardholder First Name M.I. Last Name Last 4 Digits of Social Security Number



**4. Optional Balance Transfers**

Balance Transfer #1 _____ - _____ - _____ - _____ Account Number	Balance Transfer #2 _____ - _____ - _____ - _____ Account Number
Amount to be Paid	Amount to be Paid
Address of Account to be Paid	Address of Account to be Paid
City State Zip Code	City State Zip Code
Exact Dollar Amount to Pay \$	Exact Dollar Amount to Pay \$

**5. Signature**

I represent to PNC Bank, N.A., (“PNC Bank,” “PNC,” “Bank,” “we,” “our” or “us”) that I am at least 18 years of age, I am a U.S. citizen or permanent legal resident of the United States, and I am authorized to submit this application, which includes the Certification Regarding Beneficial Owners of Legal Entity Customer form on behalf of the business identified in this application (the “Company”). I certify that no bankruptcy proceedings involving me or the Company are in progress or anticipated, and that all information provided is accurate and complete. If Bank issues a credit card(s) to Company, both the Company and I agree to be bound by all terms, provisions and conditions contained in Bank’s credit card agreement (“Agreement”), sent to Company with the credit cards, and as amended from time to time. Both the Company and I are jointly and severally liable for all transactions on the credit card account, which means that I am personally liable for all amounts due Bank on the credit card account. Company and I promise to pay to the order of Bank or any subsequent holder in accordance with the Agreement, at the address listed on the monthly billing statement, the amount advanced pursuant to this application and the Agreement, including all principal, interest, fees, and other charges outstanding. All terms and conditions contained in this application, which includes the Certification Regarding Beneficial Owners of Legal Entity Customer form, and the Agreement are incorporated therein by reference.

**Bank does not lend to businesses engaged in certain types of activities or businesses organized or formed outside of the United States**, and is not obligated to grant the requested credit, or may offer a lower credit limit. Bank may retain this application whether or not credit is granted. You understand and agree that as part of the application process for this account, we may obtain information about you and the Company from third parties including but not limited to consumer and business reports and verification of identity, income, assets and other information as needed to process your application and to service the account if your application is approved, including but not limited to file copies of financial statements from any accountant or accounting firm. You agree that third parties are authorized to provide us with such information. In addition to the information requested as part of this application, Bank may subsequently request, and I agree to provide, additional information from the Company or me, including delivering a new Certification Regarding Beneficial Owners of Legal Entity Customer form when requested, as well as any other information as may reasonably be requested for purposes of compliance by Bank with applicable policies, laws, and regulations. All appropriate corporate or other similar actions needed to authorize the indebtedness incurred hereunder have been accomplished. Company and I further agree that any facsimile transmission may be treated as an original and such facsimile or any reproduction hereof shall be admissible into evidence as the original itself in any judicial or administrative proceeding, whether or not the original is still in existence.

All cardholders will have access to 100% of Company’s credit limit, unless the Company sets individual spending limits for each cardholder. Company may establish set spending limits for cardholders by contacting PNC Bank’s customer service department.

**IMPORTANT INFORMATION ABOUT PHONE CALLS, TEXTS, PRERECORDED AND EMAIL MESSAGES:** If, at any time, you provide to PNC, its affiliates or designees contact numbers that are wireless telephone number(s), including but not limited to, cell or VoIP numbers, you are consenting to PNC, its affiliates and designees using an automated dialing system to call or text you or to send prerecorded messages to you in order to service, and collect on, any personal account(s) and business account(s) (for which you are an authorized signer), with PNC and/or its affiliates. For any type of phone call with us you consent that the call may be monitored or recorded by us for quality control and training purposes. By providing your email address, you consent and agree to receive electronic mail from PNC, its affiliates and designees.

**DISPUTE RESOLUTION THROUGH ARBITRATION:** The credit card agreement that governs Company’s credit card account will include an arbitration provision. This means that if you or the Company have a claim and we are unable to resolve it informally, either of us may elect to resolve it by individual binding arbitration. If a claim is arbitrated, it will not be heard by a court or a jury. Also, the claim will proceed as an individual action, and neither of us will have the right to participate in a class action in court. You have the right to opt out of the arbitration process by providing timely notice to us. **Please refer to the Arbitration Provision located in section 9 of the credit card agreement for details.**

**JURY TRIAL WAIVER NOTICE:** The credit card agreement that governs Company’s credit card account contains a Jury Trial Waiver under which the Company, co-borrower, and PNC Bank agree to waive any right to trial by jury in the event of litigation arising out of or related to the credit card agreement. This is only a summary of the Jury Trial Waiver. Please be sure to read the entire credit card agreement carefully.

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services at 800-342-3736 to obtain a comparative listing of all credit card rates, fees and grace periods.

A consumer report may be requested in connection with this application. Upon your request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit for which application was made.

**Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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 provision of any marital property agreement, unilateral statement or court decree adversely affects our rights, unless prior to granting you any credit, we are provided a copy of the agreement, statement or decree, or we have actual knowledge of the adverse obligation.

The information about the costs of the credit card described in this application is accurate as of 02/2019. The information may have changed after that date. To find out what may have changed, call 1-800-474-2101 or write us at P.O. Box 3429, Pittsburgh, PA 15230-3429.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 borrower that opens an account.

What this means: When Company and you open an account, the Bank will ask for your name, address, date of birth, taxpayer identification number and other information that will allow the Bank to identify you. We may also ask to see your driver’s license, organizational documents or other official identifying documents. For some businesses and organizations, the Bank may also need to ask for identifying information and documentation relating to certain individuals associated with the business or organization or the business itself.

**I certify that I have read and agree with the information contained within this application and the Summary of Account Terms. This application is signed individually and on behalf of the Business.**

Signature of Business Owner / Applicant: **X** \_\_\_\_\_ Date: \_\_\_\_\_

_____ Bank	_____ Branch	_____ Employee ID	ID1 _____ Issued By: _____ Issue Date _____ Expires _____
			ID2 _____ Issued By: _____ Issue Date _____ Expires _____





## 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*

<b>Name:</b> <b>Date of Birth:</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:	<b>% of Ownership:</b> <b>SSN / ITIN #:</b>
<b>Name:</b> <b>Date of Birth:</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:	<b>% of Ownership:</b> <b>SSN / ITIN #:</b>
<b>Name:</b> <b>Date of Birth:</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:	<b>% of Ownership:</b> <b>SSN / ITIN #:</b>
<b>Name:</b> <b>Date of Birth:</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:	<b>% of Ownership:</b> <b>SSN / ITIN #:</b>

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: \_\_\_\_\_

