



BUSINESS DEBIT CARD APPLICATION

(This is not a credit card)

Apply online at capitalonebank.com

Phone: 1-888-996-8671 Fax: 1-800-726-0271

TELL US ABOUT YOUR COMPANY

(Please Print)

Business Name (Please print as it should appear on card, max. 19 characters)

Business Phone Number

Primary Business Checking Account #

Business Tax ID Number

Business Address

City State Zip

Sole Proprietorship S Corporation C Corporation

Limited Liability Company Limited Liability Partnership

General Partnership Limited Partnership Nonprofit

Business Checking Balance (Average collected YTD) _____

CURRENT OWNER(S) INFORMATION

(A)

Name Social Security Number

Time as Current Owner Home Phone Number % Ownership

Home Address Monthly Income

(B)

Name Social Security Number

Time as Current Owner Home Phone Number % Ownership

Home Address Monthly Income

(C)

Name Social Security Number

Time as Current Owner Home Phone Number % Ownership

Home Address Monthly Income

*There is a default total aggregate, combined daily withdrawal limitation of \$5,000.00 on all Business Debit cards, which includes an \$800.00 daily cash withdrawal limitation and/or a \$5,000.00 daily purchase withdrawal limitation.

TELL US ABOUT INDIVIDUAL CARD USERS

List each person who should receive a Business Debit card (including yourself) and their cash withdrawal and purchase limit. If you require more cards, please make copies of this form, or call **1-888-996-8671**.

CARD USER 1

Name of Card User #1 (Please print as it should appear on card)

Social Security Number Home Phone #

Signature of Card User #1

Daily Cash Withdrawal Limit*

Daily Purchase Limit*

ACCOUNTS TO BE LINKED TO CARD

(List account numbers below)

Primary Business Checking Account

Business Checking Account

Business Savings Account

Other

CARD USER 2

Name of Card User #2 (Please print as it should appear on card)

Social Security Number Home Phone #

Signature of Card User #2

Daily Cash Withdrawal Limit*

Daily Purchase Limit*

ACCOUNTS TO BE LINKED TO CARD

(List account numbers below)

Primary Business Checking Account

Business Checking Account

Business Savings Account

Other

CARD USER 3

Name of Card User #3 (Please print as it should appear on card)

Social Security Number Home Phone #

Signature of Card User #3

Daily Cash Withdrawal Limit*

Daily Purchase Limit*

ACCOUNTS TO BE LINKED TO CARD

(List account numbers below)

Primary Business Checking Account

Business Checking Account

Business Savings Account

Other

LEGAL AGREEMENT

On behalf of the Account Holder, I/we request that Capital One, N.A. (Capital One) issue Capital One Business Debit card(s) to the Account Holder to be used by the Card User(s) named above. The Account Holder can add or delete names from the Card User list at any time by notifying Capital One; Capital One will require a reasonable amount of time to implement any changes. The Account Holder agrees to be bound by the terms of the designated Capital One Business Account(s) and the Capital One Electronic Fund Transfers Agreement and Disclosure. The Card User may change daily cash withdrawal and purchase limits. The Account Holder will notify Capital One, as instructed in the Electronic Fund Transfers Agreement and Disclosure, of any unauthorized use of a Card, PIN Number, or Account. The Capital One Business Debit card enables Card Users to make purchases anywhere MasterCard is accepted as well as at merchants that accept PIN POS purchases. Funds are withdrawn from the primary business checking account. Card Users have access to all of the features of the Business Debit card – Card Users may withdraw and transfer funds and get information about accounts.

Executed as an agreement this _____ day of _____ 20____
(Note: All principals with more than 20% ownership are required to sign this agreement.)

Signature of Owner/Principal

Signature of Owner/Principal

Signature of Owner/Principal