



**ALBINA COMMUNITY BANK  
BUSINESS CREDIT CARD AGREEMENT AND AUTHORIZATION**

The undersigned, an authorized representative of \_\_\_\_\_ (“Company”), hereby requests and authorizes Albina Community Bank to issue credit cards to the following employees of said Company:

<u>Print Name/Signature</u>	<u>Card Limit</u>	<u>Contact Phone #</u>	<u>SSN #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that additional cards may be requested, from time to time, only by written request from an authorized officer of the Company. The Bank must approve the aggregate amount of credit requested.

The Company agrees to assume sole responsibility for the use and indebtedness incurred on any and all of the credit cards issued under Company name, regardless of whether the use or indebtedness was authorized by the Company. The Bank shall have no duty to investigate the use of the credit cards or ascertain the genuineness of any signature. Further, Company agrees to immediately notify Bank of any change in employment status for those employees who have been issued a card.

The Company agrees to be bound by all Terms and Conditions of the Credit Card program into which it is entering with the Bank. The Bank is authorized to investigate the credit history of the Company and of the listed principals. The undersigned officer:

1. Represents that the information provided to the Bank is true and accurate as of the date below.
2. Agrees to immediately notify the Bank of any material change in the information.
3. Represents that the authority exists to enter into this Agreement.

Date: \_\_\_\_\_

Total Cards Requested: \_\_\_\_\_

Total Credit Line Requested: \_\_\_\_\_

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

By: \_\_\_\_\_

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

By: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Company Tax Identification Number: \_\_\_\_\_

Phone: \_\_\_\_\_