

Farmers Savings Bank Business Card Application

Company Profile (A financial statement is required)

Name of Company _____

| | | | |
|------------------------|--|---------------------------|----------|
| Company Street Address | City | State | Zip Code |
| Tax ID# | Telephone Number | Organized in the State of | |
| Type of Business | Annual Sales | Date Business Started | |
| Type of Organization: | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Profit Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other Organization _____ | | |

| | | |
|--------------------------------|-------|------------------------|
| Name of Principals or Officers | Title | Social Security Number |
| 1) | | |
| 2) | | |
| 3) | | |

Bank References

| | | | |
|-----------------------------|-------------------|--------------------|--------------|
| Principal Bank Relationship | Bank Address | City, ST, Zip Code | Bank Officer |
| Type of Account(s) | Account Number(s) | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |

Account Information

Please provide names and home addresses of individuals to be issued credit cards.

| | | | |
|-------------------------------|------------------------|-------------|----------|
| Name | Social Security Number | Credit Line | |
| 1) | | | |
| Street Address | City | State | Zip Code |
| Driver's License Number _____ | State _____ | Exp _____ | |
| Name | Social Security Number | Credit Line | |
| 2) | | | |
| Street Address | City | State | Zip Code |
| Driver's License Number _____ | State _____ | Exp _____ | |
| Name | Social Security Number | Credit Line | |
| 3) | | | |
| Street Address | City | State | Zip Code |
| Driver's License Number _____ | State _____ | Exp _____ | |

Account Terms

The following information is a general summary of the credit terms available and is accurate as of the printing date of 5/15/2006. The information is subject to change. You may obtain current information by writing to us at: Farmers Savings Bank, PO Box A, Fostoria, IA 51340.

| Annual Percentage Rate for Purchases | Other APRs | Variable Rate Information | Grace Period for the Repayment of the Balance for Purchases | Method for Computing the Balance for Purchases | Transaction Fee for Purchases and Cash Advances | Annual Fee |
|--|---|--|---|--|---|------------|
| 6.99% for six months from account open date. Beginning with the next month's billing cycle, the APR changes to 11.24% | Balance Transfer APR: 6.99% for six months from account open date. Beginning with the next month's billing cycle, the APR changes to 11.24% Cash Advance APR: 18.24% Penalty APR: 20.24%* See explanation below. | The annual percentage rate may vary. The rate is determined by the highest prime rate published in <i>The Money & Investing Section of The Wall Street Journal</i> on the third Monday of the prior month ("Index") plus 5.99 percentage points for purchases, 12.99 percentage points for cash advances, and 14.99 percentage points for the penalty rate.* | 25 days | Average Daily Balance Including New Purchases | A 1% fee will be charged on transactions made in foreign countries. | None |

Late Fee: \$25.00, Overlimit Fee: \$25.00, Cash Advance Transaction Fee: 3% of Cash Advance Amount with a minimum fee of \$5.00 and maximum fee of \$50.00, Returned Check Fee: \$20.00.

*If you fail to timely pay at least the minimum payment when due on two consecutive occasions, the APR will be the penalty APR of Prime plus 14.99%.

By signing this application, the Company agrees that if this application is accepted and a card(s) issued, the Company will be bound by the terms and conditions within the Cardholder Agreement. To the extent permitted by law, the Company or sole proprietorship, individual, if company is a sole proprietor, shall be responsible and liable for any unauthorized use of any cards issued to Company pursuant to this application. It is the Company's responsibility to secure all Company credit card(s) from terminated employees. The financial institution is authorized to verify the statements contained herein, and may make whatever credit inquiries it deems necessary. Company represents and warrants that the credit will be used primarily (50% or more) for other than personal, family, household purposes.

Signature

Date

Print Title and Name