

1. Business Information

Applicant (Business) Name

Business DBA Name

Tax ID

Business Phone

Business Mailing Address
(if P.O. Box, please indicate actual street address on back)

Address

City

State

Zip

Country

State and Country of Incorporation

Check if Not-for-Profit ☐

Check if Home-based Business ☐

☐ Sole Proprietorship

☐ Limited Liability Company

☐ Professional Service Corporation

☐ Corporation

☐ Partnership

☐ Professional Services Limited Company

☐ Limited Liability Partnership

☐ Other:

SIC Code *(if not known, please specify products/services provided)*

Years in Business

\$ Gross Annual Sales

2. Business Ownership

(All owners, officers and partners must sign as an obligor. Ownership percentage must total 100%.)
For multiple owners, please provide details on reverse of application. List the Primary Applicant first.

First Name

Last Name

Home Address and Apt. Number

City

State

Zip

Country

% Ownership

Date of Birth

Net Worth \$
(exclude value of your business)

Annual Salary \$

Social Security Number

Years You Have Owned This Business

Citizenship: U.S. ☐ Other ☐ *If Other, please provide details on back of application.*

3. MasterCard BusinessCard®

New Request ☐ Increase ☐ Amount requested: \$

Would you like to enroll in HSBC MasterCard BusinessCard® Rewards?¹ ☐ Yes ☐ No

Billing: ☐ Consolidated ☐ Individual

If the Consolidated billing type is selected above, the company will receive a monthly company level billing statement (Control Account) as well as individual cardholder memos, and Cardholder 1 automatic payment selections will apply to all cards.

Please issue cards to the individuals named below.

	Cardholder 1	Cardholder 2	Cardholder 3
Authorized User/ Employee Name			
Home Phone Number			
Social Security Number			
Card Limit	\$ <div></div>	\$ <div></div>	\$ <div></div>
Cash Access ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Payment – Min. Balance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Payment – Full Balance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HSBC Business Checking Account Number for Auto Payment	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Overdraft Protection ³	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HSBC Business Checking Account Number for Overdraft Protection	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

¹ There is an annual fee of \$25 under the Consolidated billing option and a \$25 annual fee per billing account under the Individual billing option.
² A Personal Identification Number (PIN) will automatically be assigned to each cardholder authorized for Cash Access.
³ Please refer to Cardholder Agreement for Overdraft coverage amount. You will automatically receive Cash Access with Overdraft Protection.

4. Signatures *(See IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT on the back of this application.)*

By signing below, my company and I/we both agree to be liable for the indebtedness incurred on this Account, including that of any authorized users who may use the Account. (Additional information may be requested by the Bank for further processing when I/we apply on this form.) My company and I/we both agree to the terms of the MasterCard BusinessCard® Cardholder Agreement and/or Business Overdraft Agreement I/we will receive. I/we certify to the truth of my/our statements above and authorize the Bank to obtain personal credit reports and at its discretion business review credit reports in connection with this Application and any Account established hereby, as well as any update, renewal, extension, review or collection thereof. If it does so, I/we will, upon request, be informed of that fact and each credit bureau's name and address. I/we also authorize the Bank to verify with others information contained in the Application to report its transactions with me/us, in the event of non-payment of any Account established hereunder. My/our signature(s) is/are binding on me/us and the business named above. Each person signing below for the Business applying for credit certifies that all necessary action has been taken to authorize the Business to execute this Business Credit Application and that he/she individually has full authority to act on behalf of the Business and thereby bind the Business. The foregoing authorization supercedes any other resolution or other authorization, whether given to the Bank before or in the future. EACH PERSON SIGNING BELOW ACKNOWLEDGES THE BANK HAS NOT YET AGREED TO MAKE CREDIT AVAILABLE TO THE BUSINESS AND THE BANK HAS THE SOLE RIGHT TO DECIDE WHETHER TO DO SO.

1.

Authorized Signature (and as obligor)

Authorized Signer Name (please print)

Date

2.

Authorized Signature (and as obligor)

Authorized Signer Name (please print)

Date

3.

Authorized Signature (and as obligor)

Authorized Signer Name (please print)

Date

MKT 1086
06/14

NOTE: You should only complete this information if you have been directed to do so on the front page.

5. Actual Business Street Address

If P.O. Box address is given on front of application, please indicate actual business street address.

Street Address

CityStateZipCountry

6. Details for non-U.S. Citizens

If you are a non-U.S. citizen, please provide the details below:

Country of Citizenship:

If applicable: **Visa Expiration Date:

Resident Alien Card Number (Green Card):

Issuance Date:Expiration Date:

Passport Number:Country of Issuance:

Issuance Date:Expiration Date:

**Note: the Visa Expiration Date is required for credit purposes only.

7. Multiple Owners

If the business has multiple owners, officers, partners and/or guarantors, provide the details for each below.

Attach additional sheets if necessary. Ownership percentage must total 100%.

First NameLast NameHome Address and Apt. Number

CityStateZipCountry% OwnershipDate of Birth

Net Worth \$Annual Salary \$Social Security Number (exclude value of your business)

Years You Have Owned This BusinessCitizenship: U.S. Other If Other, please provide details below.

If you are a non-U.S. citizen, please provide the details below:

Country of Citizenship:

If applicable: **Visa Expiration Date:

Resident Alien Card Number (Green Card):

Issuance Date:Expiration Date:

Passport Number:Country of Issuance:

Issuance Date:Expiration Date:

**Note: the Visa Expiration Date is required for credit purposes only.

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 person or entity that opens an Account. What this means for you: If you are a corporation, partnership, trust or entity, when you open an Account we will ask you for your name; address (either your principal place of business, a local office or other physical location); a U.S. taxpayer identification number or, if you are not organized or resident in the United States or filing U.S. income tax returns, the number and country of issuance of any other government-issued document certifying the existence of your organization; and such other information or documents that we consider necessary to identify you, such as articles of incorporation, a government-issued business license, a partnership agreement or a trust instrument. If you are an individual, when you open an Account we will ask for your name; residential address; date of birth; social security or other U.S. taxpayer identification number or, if you are not a citizen or resident of the U.S., a passport number and country of issuance, or any other government-issued document evidencing nationality or residence or bearing a photograph or similar safeguard; and such other information or documents that we consider necessary to identify you. If you are completing this application as a result of an offer for a pre-approved HSBC MasterCard BusinessCard®, you are pre-approved as a joint obligor for that HSBC MasterCard BusinessCard®. This pre-approval is based on the condition that your business applies within 30 days and (1) The business is not in a restricted industry to which we do not lend; (2) We are able to verify the accuracy of application information regarding you and your business; (3) All of the business's existing Accounts with HSBC are in good standing; and (4) The business does not already have an HSBC MasterCard BusinessCard®.

FOR BANK USE ONLY

HSBC REPRESENTATIVE (PLEASE PRINT):EMPLOYEE ID #:COST CENTER/RSP:PROVENIR APPLICATION #: