



Business Credit Card Application

for up to \$25,000 in combined credit

1. Business Information

Applicant (Business) Name _____		Business DBA Name _____	
Tax ID <input type="text"/>		Business Phone _____	
Business Mailing Address <i>(if P.O. Box, please indicate actual street address on back)</i>		Address _____	
City _____		State _____	Zip _____
Country _____		State and Country of Incorporation _____	
Check if Not-for-Profit <input type="checkbox"/>		Business Structure	
Check if Home-based Business <input type="checkbox"/>		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Professional Service Corporation
		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
		<input type="checkbox"/> Professional Services Limited Company	<input type="checkbox"/> Other: _____
SIC Code <i>(if not known, please specify products/services provided)</i> _____		# 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 \$ _____ <i>(exclude value of your business)</i>	Annual Salary \$ _____	Social Security Number <input type="text"/>			
# Years You Have Owned This Business _____	Citizenship: U.S. <input type="checkbox"/> Other <input type="checkbox"/> <i>If Other, please provide details on back of application.</i>				

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	\$ _____	\$ _____	\$ _____
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

