

Business VISA Check card Application



Business Name: _____	CSR: _____
Business Address: _____	
Business Phone: _____	
Cardholder Name: _____	Tax ID: _____
Cardholder Phone: _____	Date of Birth: _____
	Port: _____
Primary Checking Account Number: _____	
Primary Savings Account Number: _____	

By my signature below, I am requesting The Farmers Bank Business VISA CheckCard. I understand that my CheckCard will allow access to my bank accounts listed above. I understand to memorize my Personal Identification Number (PIN) and not to write the PIN where it can be stolen or lost with my CheckCard. I have received a copy of the liability disclosures concerning the use of my CheckCard. The bank may obtain a current credit report upon receipt of this application. I agree to abide by the regulation terms and conditions established by The Farmers Bank as related to the use of the CheckCard.

Signature of Principal *Date* *Cardholder's Signature* *Date*

Name & Title of Principal