

Business Mastercard® Application

Business Information

Type of Account Requested: <input type="checkbox"/> Business <input type="checkbox"/> Business Rewards	Total Requested Credit Limit: \$	Date Business Established: (MM/DD/YYYY)	Date Current Ownership Established:(MM/DD/YYYY)											
Business/Trade Name (and DBA, if applicable)		Federal Tax ID (EIN or SSN) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Business Member Number #	
Legal Structure of Business (check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Liability Co.														
Business Type/Industry:				Annual Net Income \$										
Business Physical Street Address (No P.O. Boxes)		City	ST	ZIP										
Business Mailing and Billing Address (if different from above)		City	ST	ZIP										
Business Phone		Email Address												

Business Owners

BUSINESS OWNER/GUARANTOR - Please list all owners with ownership of 20% or greater. All owners listed must sign applications as Guarantors.				
Business Owner/Guarantor Name (1) (First, Middle, Last)			Title	
1				
Date of Birth	Ownership %	Income \$	Social Security Number <input type="text"/> <input type="text"/>	
Personal Address (if different from business. No P.O. Boxes)		City		ST
ZIP				
Phone Number	Cell Phone		Email Addresss (Optional)	Request Card <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Limit \$				
Business Owner/Guarantor Name (2) (First, Middle, Last)			Title	
2				
Date of Birth	Ownership %	Income \$	Social Security Number <input type="text"/> <input type="text"/>	
Personal Address (if different from business. No P.O. Boxes)		City		ST
ZIP				
Phone Number	Cell Phone		Email Addresss (Optional)	Request Card <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Limit \$				
Business Owner/Guarantor Name (3) (First, Middle, Last)			Title	
3				
Date of Birth	Ownership %	Income \$	Social Security Number <input type="text"/> <input type="text"/>	
Personal Address (if different from business. No P.O. Boxes)		City		ST
ZIP				
Phone Number	Cell Phone		Email Addresss (Optional)	Request Card <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Limit \$				

signatures

Agreement & Signatures: By signing below you are signing for the Business as an acting officer of the Business and individually as a guarantor. You hereby request Maps to establish a business credit card account in the Business name (the "Account") and you agree to the following:

1. You certify that the information contained herein is complete and accurate. You authorize Maps to obtain a consumer credit report and business credit report for use in assessing your personal creditworthiness and the creditworthiness of the Business in connection with this Application and you agree that, as long as the Account is open, we may obtain credit reports about you from time to time. You certify that the execution, delivery and performance of this Application have been authorized by all necessary action by the Business. You agree that the Account will be used primarily for business purposes, and

not personal, family, or household purposes.

2. You affirm that you are an acting owner/guarantor for the Business with the ability to bind the Business to the obligations of the Maps Commercial Credit Card Agreement as it may be amended from time to time (the "Agreement"), which contains the terms and conditions that will govern the Account, so that the Business is liable for the total amount of all purchases, cash advances, balance transfers and other transactions charged to the Account, plus finance charges, fees and other charges incurred in connections with the Account and all amounts due under the Agreement the "Obligations").

3. You agree that to induce us to lend money or give credit to the Business, you absolutely and unconditionally guarantee prompt and full payment of

an Obligations. You waive any and all suretyship defenses. You are jointly, severally and personally liable for all amounts due under the Agreement and you understand that "personal liability" means an individual obligation which must be paid by you even if the Business becomes insolvent, inactive or ceases to exist or otherwise fails to pay us or you discontinue your employment or other connection with the Business. You agree to be personally responsible to pay the Obligations although your may not personally receive any goods, services, or money from the advance.

4. You authorize the issuance of the credit cards to each of the Authorized Cardholder(s) listed on this application or on the Business Credit Card Authorized Cardholder(s) Form and authorize each Cardholder to obtain credit under the Account. If you wish to change, add or remove any Authorized Cardholders you will complete a Business Credit Card Authorized Cardholder(s) Form and authorize the issuance of credit cards to the individual(s).

You also signify your specific intent to pledge to us and to grant us a security interest in all your individual and joint Maps share and deposit accounts you have with us, now or in the future, (excluding retirement or other accounts to the extent that applicable laws precludes the pledge of such account), to secure your Maps Account. You authorize us, without notice to you, to apply the balances in these accounts to pay any amounts due under the Account if you should default. A Bankruptcy proceeding is not in progress nor expected.

Signature 1	Date
Signature 2	Date
Signature 3	Date

Important Note: The approved total credit limit may differ from the amount you request. If the total credit limit differs from the request, Maps will adjust the individual cardholder limits by the same % as the total credit limit. If additional cardholders are needed please complete the Authorized Cardholders for Business Accounts form.

Pricing Information Addendum

INTEREST RATES AND INTEREST CHARGES		FEES
Annual Percentage Rate (APR) for Purchases & Balance Transfers	<p>12.50%–20.50%</p> <p>This APR will vary based on the prime rate.</p>	<p>Annual Fee: None</p> <p>Balance Transfer Fee: 3% \$10.00 minimum / No maximum</p> <p>Transaction Fees:</p> <p>Cash Advance Fee: 4% of cash advance \$10.00 minimum / No maximum</p> <p>Penalty Fees</p> <p>Late Payment Fee: up to \$35</p> <p>Returned Payment Fee: up to \$20</p> <p>Card Replacement Fee: up to \$5</p> <p>Other Fees</p> <p>Foreign Transaction Fee: Up to 2.1% of the U.S. dollar amount of the foreign transaction.</p>
APR for Cash Advances	<p>17.50%–25.50%</p> <p>This APR will vary based on the prime rate.</p>	
Paying Interest	<p>Your due date is 25 days after the close of each billing cycle. We will not charge you any interest on the portion of the purchases balance that you pay by the due date each month. We will begin charging interest on cash advances on the transaction date.</p>	

How we will calculate your balance: We use a method called “average daily balance” (including new purchases). Variable rates are based on the prime rate plus a factor of 5.5%–13.5% (10.5%–18.5% for cash advances), depending on credit qualifications. Variable rates may change quarterly. We reserve the right to amend the Commercial Credit Card Agreement as permitted by law. The above rates and fees are current as of January 1, 2026.