

Business Account Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person (including business entities) who opens an account.

What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

By signing below, the undersigned, on behalf of the business entity named in this application (the "Customer"), accepts and agrees to the standard terms and conditions established by First National Bank Omaha (the "Bank") for the various banking products and services that the Customer receives from the Bank. Depending on the products and services that the Customer receives, such terms and conditions include, but are not limited to, the Commercial Deposit Agreement, the Visa Business Check Card Agreement, and the First Business Credit Line Agreement.

The undersigned, individually and on behalf of the Customer: (i) certifies that all of the information provided in this application is true and accurate, that this application sets forth a true and accurate statement of the financial condition of the Customer and that this application does not omit to state any information necessary to make the information set forth herein not misleading; and (ii) agrees that if any change occurs that materially impairs the Customer's financial condition or reduces the Customer's ability to pay all its obligations as they become due, the undersigned will immediately and without delay notify the Bank in writing. Unless the Bank is so notified, it may continue to rely upon the accuracy of this application.

The Bank is hereby authorized to contact any source necessary to verify the credit responsibility of the Customer or any other information in this application. Any person, company, governmental agency (federal, state, or local), consumer reporting agency or other entity, is hereby authorized to furnish to the Bank any information it may have or obtain in response to inquiries from the Bank as to the Customer. All materials and information gathered by the Bank in connection with this application shall remain the property of the Bank whether or not this application is approved. The Bank is authorized to retain such information and materials whether or not credit is approved.

The Bank has no obligation to approve this application or to make any loan, regardless of whether the Customer meets the normal standards the Bank uses when considering applications.

Applicant and the undersigned: (I) require that the Business Edition®, Business Edition Plus®, Commercial EditionSM Visa cards be issued in reliance on this application, and (II) agree to comply with the agreement furnished with the cards. The undersigned signs this application as a Primary Card member. The Bank may require additional Primary Card members to sign a guarantee. Applicant and each Primary Card member shall be jointly and severally liable for repayment of all amounts due on any and all accounts.

By signing below, you are also individually certifying that you are an Authorized Representative who is authorized to sign on behalf of and to obligate the Customer.

Legal Name of Business (Applicant)

_____ Signature	_____ Date	_____ Signature	_____ Date
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_____ Identification	_____ Identification
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We intend to apply for joint credit.

Please initial. Applicant _____ Joint Applicant _____

Bank use only: Employee # _____ # of attached documents _____

The undersigned agrees that First National Bank Omaha may, now and from time to time in the future, obtain a personal credit report on the undersigned for purposes of evaluating current and future extensions of credit and other banking relationships with the business named in this application, for purposes of evaluating any guaranty requested from the undersigned, and for later purposes related to such credit or banking relationships (such as reviewing, updating, renewing, and taking collection action with regard to the same). On request, the undersigned will be informed as to whether a credit report was obtained and of the name and address of the consumer reporting agency that furnished the report. The undersigned also authorizes First National Bank Omaha to contact any source necessary to verify employment, income, and other personal information.

The undersigned certifies that all of the information provided in this application is true and accurate.

Signature of Principal Owner/Partner

Date

Signature of Principal Owner/Partner

Date



1620 Dodge Street
Omaha, NE 68197
Tel 402.346.FNBO (3626)
800.214.5160

firstnational.com

Member FDIC



8016

SMBAPP-0907-340016

Business Information

Name of Business _____

Tax ID # _____

Business Phone (_____) _____ - _____

Fax Number (_____) _____ - _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Web Site _____

E-mail _____

Business Structure (Check one)

- Sole Proprietorship Partnership
 Limited Liability Corporation Corporation
 Limited Liability Partnership Not For Profit
 Other _____

Date Business Established: _____

State Business Established In: _____

Trade Area: Local Regional National International

Annual Sales Revenue \$ _____ as of _____

Previous Fiscal Year Reported Net Income \$ _____

Checking Account Balance \$ _____

Savings Account Balance \$ _____

of Employees _____

Estimated # of Debit, Credit and Deposit Items:

0-50 51-200 201-300 301-400 401+

Type of Account: General Operating Expenses

Payroll Other: _____

Line of Business

- Service Manufacturing Agriculture
 Professional Retail Not For Profit
 Wholesale Information Real Estate

Business Description: _____

Owner Information

Name _____

SS# _____ - _____ - _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

of Years at Residence _____

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Annual Salary \$ _____

Position/Title _____

% of Ownership _____

Employment Outside of Business _____

(If applicable)

Annual Salary \$ _____

For Security Purposes:

(If applicable)

Mother's Maiden Name _____

Place of Birth _____

Additional Applicant

Name _____

SS# _____ - _____ - _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Annual Salary \$ _____

Position/Title _____

% of Ownership _____

Employment Outside of Business _____

For Security Purposes:

Mother's Maiden Name _____

Place of Birth _____

If additional applicants, please attach the required information.

Reason for Application

I'm interested in the following:

Savings **Money Market**

Checking **CDs**

Visa® Business Check Card

Authorized Cardholders

Name (First Name, Last Name) How it will appear on card	Account # (Bank)
_____	_____
_____	_____
_____	_____

One time activation password up to 20 characters.
(No spaces. Any combination of numbers or letters is acceptable.)

Loan

#40017 252525

Amount Requested \$ _____

Purpose _____

Line of Credit

#40018 252525

Amount Requested \$ _____

Purpose _____

Wire Activity

Yes No If yes, please complete the following:

Average wire amount \$ _____

Do you anticipate international wires? Yes No

If international, destination countries _____

If international, reason for international wire activity _____

Application for Credit Card

Credit Card

Business Edition® Visa® Card

#40410 212121

Business Edition Plus® Visa® Rewards Card

#40421 212121

Commercial EditionSM Visa® Card

#40431 212121

Issue Credit Card(s) for

Owner Additional Applicant

Additional Employee Cards

If you are requesting additional cards, please attach the required information.

Additional Service Requests

I would like additional information on:

- Merchant Services Safe Deposit Box
 Investment Planning Internet Access
 Cash Management Trust Services
 Insurance Services

In the last 7 years, have you or your business had any unsatisfied judgments or declared bankruptcy? Yes No

In the last 7 years, have you had property foreclosed upon or given title or deed in lieu thereof? Yes No

Do you have any unused credit lines at any other institutions? Please explain. Yes No

Have you prepared a will and/or estate plan? Yes No

Do you have contingent liabilities as co-maker, guarantor? Yes No

Are you a U.S. Citizen? Yes No

*In order to select the account(s) that best suits your needs, additional information will be required. This application is intended to gather the necessary information to get you started.