



**BUSINESS CHECK CARD APPLICATION**  
(for business purposes only)

Business Name \_\_\_\_\_ **CIF #** \_\_\_\_\_

Corporation    For profit    Not for profit

Partnership    Limited Liability Company    Sole Proprietorship    Other \_\_\_\_\_

County and State of Business \_\_\_\_\_

Business Address (Street, City, State & Zip) \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

Business E-mail \_\_\_\_\_ Business Web Page \_\_\_\_\_

Checking Acct No \_\_\_\_\_ Savings Acct No \_\_\_\_\_

Number of Cards Requested \_\_\_\_\_

Names of Cardholders:		ATM Limit	POS Limit
Name _____	TIN # _____	_____	_____
Name _____	TIN # _____	_____	_____
Name _____	TIN # _____	_____	_____
Name _____	TIN # _____	_____	_____
Name _____	TIN # _____	_____	_____
Name _____	TIN # _____	_____	_____
Name _____	TIN # _____	_____	_____
Name _____	TIN # _____	_____	_____

**Signatures: By signing below, I/We are requesting the Business Check Card and associated services. I/We certify that the information contained in this Application is accurate. I/We authorize Community First Bank to verify creditworthiness through any means necessary, including obtaining a credit report. I/We acknowledge that I/We have received the Business Check Card Services Agreement and Fee Schedule and agree to abide by the Terms and Conditions of the Agreement, including any fees and charges.**

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Mail or Deliver Application to:

Community First Bank  
925 Wisconsin Ave  
P.O. Box 307  
Boscobel, WI 53805

**For Institution Use**

Approved    Denied

By \_\_\_\_\_ Officer \_\_\_\_\_  
Date \_\_\_\_\_

Account Authorization on File    Yes    No

**Default Limits**   ATM - \$510.00   POS - \$2000.00

Additional Information \_\_\_\_\_



D 1 1 3 0