



Ink® Business Card JOINT & SEVERAL LIABILITY

Select One Product: Ink Plus®
 Get up to 5 Points Per \$1 Spent
 Introductory Annual Fee of \$0 the
 first year, then \$6

Ink Bold® - Pay in Full Monthly
 Get up to 3 Points Per \$1 Spent
 Introductory Annual Fee of \$0 the
 first year, then \$25

Ink Capital®
 No Rewards
 No Annual Fee

BUSINESS INFORMATION
 TYPE OF BUSINESS (required)
 Legal Name of Company (required) **Southern Trust Company, Inc.** Name of Company to appear on card (if different) **Southern Trust Company, Inc.**
 Company Street Number (required) Company Street Name (required)

Corporation
 Partnership
 Non-Profit Corp
 Government
 LLC
 Other

Address Line 2
4000 8th Hook Quarter B3
 City (required) **St. Thomas** Service? No Yes (required) **VI 00102**
 Company Phone Number **340-775-2525** Years in Business **1st yr** Number of Employees **7**
 Nature of Business
Consulting
 Does the Company State Other Business-Related? Yes No **CPAs** Taxpayer Identification Number (required)

AUTHORIZING OFFICER
 You need to be one of the following (required):
 President Owner
 Vice President Member/Partner
 Treasurer Director

First Name of Authorizing Officer (required) **Jeffrey** Last Name (required) **Epstein**
 Date of Birth (required) - month/year **1/20/53**
 Business Email Address
 Office Annual Revenue* **1 million +**
*When not listed, or listed as "less than \$1 million," please attach a letter from the business owner certifying the revenue for the year. Sample language: "I, the undersigned, certify that the business owner certifies that the revenue for the year is \$1 million."

FINANCIAL INFORMATION
 Amount of the requested \$ **50,000**
 Amount of current monthly spend on business credit cards \$ **30,000**
 Yes I would like to apply for OVERDRAFT PROTECTION (Not Available for Ink Bold)
 Check Checking Account Number

ADDITIONAL CARDS
 Attach additional cards, if necessary

First Name of Additional Cardmember (if applicable)	Last Name	Monthly Spending Limit
1. Keale	deJongh	15,000
2. Jeanne	Brennan	10,000

SIGNATURE
 This application must be signed by the Authorizing Officer of the Company with the authority to bind the Company to the terms and conditions of this application and the Business Card Agreement. I certify that I am the Authorizing Officer with the authority to bind the Company to the terms of this application and the Business Card Agreement governing this account. I authorize Chase Bank USA, N.A. to obtain a personal credit report on me and agree to be held jointly and severally liable with the Company for the repayment of any credit extended to the Company pursuant to this application. I understand and agree with the terms and conditions and disclosures included with this application. I certify that this is a business account and will be used only for business purposes and not for personal, family or household use.

Signature of Authorizing Officer Date **3-25-13**

FOR BANK USE ONLY

Cardholder Name	Card No.	Card Order No.	Card ID
Jeffrey Epstein	0000	0000	0000
Keale deJongh	0000	0000	0000
Jeanne Brennan	0000	0000	0000

Account Cycles
 BY THE 15th OF THE MONTH BY THE 25th OF THE MONTH BY THE 1st OF THE MONTH

DISCLOSURE
 NF117, FR116, 100 Corp Liability
 Chase Bank USA, N.A.