



Ink® Business Card JOINT & SEVERAL LIABILITY

Select One Product: **Ink Plus®** Earn up to 5 Points Per \$1 Spent Introductory Annual Fee of \$0 the first year, then \$95
 Ink Bold® - Pay in Full Monthly Earn up to 5 Points Per \$1 Spent Introductory Annual Fee of \$0 the first year, then \$95
 Ink Capital® No Rewards No Annual Fee

BUSINESS INFORMATION

Legal Name of Company (required) Southern Trust Company, Inc Name of Company to appear on card (19 character maximum)

Company Street Number (required) _____ Company Street Name (required) _____

Address Line 2 6100 Red Hook Quarter B3

City (required) St Thomas State (req.) VI Zip Code (required) 00902

Company Phone Number _____ Years in Business 1st yr Number of Employees 7

Name of Business Consulting

Does the Company Have Other Accounts with Chase? Yes No Taxpayer Identification Number (required) 66-0779861

AUTHORIZING OFFICER
You must be one of the following (check one):

President Owner
 Vice President Member/Partner
 Treasurer Director

First Name of Authorizing Officer (required) Darren MI _____ Last Name (required) Indyke

SSN (required) 098-54-8396 Date of Birth (required) - mm/dd/yyyy 2/19/65

Business E-mail Address jobwpa@gmail.com

Gross Annual Income* 500k+

*Although child support, or spousal maintenance need not be included if you do not wish to rely on it. Gross Annual Income is income that you are able to use for repaying your debts. Examples may include income earned from salaries, investments, rental properties, Social Security benefits and retirement accounts.

FINANCIAL INFORMATION (required)

Yes I would like to apply for OVERDRAFT PROTECTION (Not Available for Ink Bold)

Amount of line requested \$ 50,000

Amount of current monthly spend on business credit cards \$ 30,000

Chase Checking Account Number 478 11 0245

ADDITIONAL CARD(S)
Attach additional sheets, if necessary.

1. First Name of Additional Cardmember	MI	Last Name	Monthly Spending Limit
<u>Cole</u>		<u>de Jongh</u>	<u>15,000</u>
2. First Name of Additional Cardmember	MI	Last Name	Monthly Spending Limit
<u>Jeanne</u>		<u>Bronck</u>	<u>10,000</u>

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 Cardmember Agreement governing this account. I authorize Chase Bank USA, [redacted] 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 have read and agree with the terms and conditions and disclosures included with this application. I certify that this is a business account and shall be used only for business purposes and not for personal, family or household use.

Signature of Authorizing Officer Darren Indyke Date 4-10-13

FOR BANK USE ONLY

Private Bank/Private Wealth Management
 Relationship Management/CRM
 Other Commercial Services/DCS
 Lower Middle Market/LMM

Bank Employee Name	Bank No.	Card Center No.	Standard ID
Bank Employee Name	Bank No.	Card Center No.	Standard ID
Bank Employee Name	Bank No.	Card Center No.	Standard ID
Bank Employee Name	Bank No.	Card Center No.	Standard ID

Source Codes: Ink Plus® JCS FAS1 Ink Bold® JCS FALP Ink Capital® JCS FALC

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