

TT MTS 6/15/16
ATTACH 6



APPLICATION AND AGREEMENT FOR BUSINESS VISA CARD ACCOUNT

Company Name: Russell Township Board of Trustees

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities. Federal Laws require all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

EIN: [REDACTED]

Business Phone: 440.338.8155

Physical Address: 8501 Kinsman Rd.

City: Novetty State: OH Zip Code: 44072

Please Choose One:	
<input checked="" type="radio"/> LLC	<input type="radio"/> C. Corp
<input type="radio"/> S. Corp	<input type="radio"/> Partnership
<input type="radio"/> Proprietorship	

NAMES OF OFFICER(S), PARTNER(S), OR PROPRIETOR

Name: Charles Walder Title: Fiscal Officer

Address: _____ Phone: 440 338 8155

City: Novetty State: OH Zip Code: 44072 SSN: _____

Name: Justin Madden Title: Trustee, Chairman

Address: _____ Phone: 4403385798

City: Novetty State: OH Zip Code: 44072 SSN: _____

Name: James Mueller Title: Trustee

Address: _____ Phone: 4403385798

City: Novetty State: OH Zip Code: 44072 SSN: _____

Name: Gary Gabram Title: Trustee, Vice-Chairman

Address: _____ Phone: 440 338 5798

City: Novetty State: OH Zip Code: 44072 SSN: _____

BANK OF DEPOSITS AND/OR CREDIT REFERENCES

TRADE REFERENCES

Please see attached sheet for trade references.


NATURE OF BUSINESS

IN ACCORDANCE WITH THE CARDHOLDER'S AGREEMENT FOR CORPORATIONS, PARTNERSHIPS, AND SOLE PROPRIETORSHIPS, YOU ARE HEREBY AUTHORIZED TO ISSUE, CHANGE, OR DELETE VISA CARDS FOR THE FOLLOWING OFFICERS AND/OR EMPLOYEES AS INDICATED BELOW

Name: <u>Jennifer Dorka</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>Brittany Milite</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>John Frazier</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>Jason Grassi</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>Anthony Hylton</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>Vincent Gambino</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>Tim Carroll</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>Jayne Pavulin</u>	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: <u>Charles Walder</u>	Issue <input checked="" type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: <u>\$5000.00</u>
Name: _____	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: _____
Name: _____	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: _____
Name: _____	Issue <input type="radio"/>	Change <input type="radio"/>	Delete <input type="radio"/>	Desired Credit Limit: _____

The information provided in this application is given to the Middlefield Banking Company for the purpose of obtaining credit. The bank is hereby authorized to obtain information from any source concerning statements made herein.

Company Name: Russell Township Board of Trustees

By X 

Date: 06/15/2016

Title: FISCAL OFFICER

By X _____

Date: _____

Title: _____

Banking Officer/Lender

X _____

Date: _____

CORPORATE ACOUNT SETUP

Name (Last, First, Middle):

Birth Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NAME (SIGNATURE OPTIONAL)

Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____

Corporate Name (Ln4) (Max 25 characters including Spaces)

_____ **Primary**
Mailing **Tax ID:** _____
Address: _____

City: _____ **State:** _____ **Zip**
Code: _____

Phone Number: _____

CARDHOLDER'S AGREEMENT FOR CORPORATION, PARTNERSHIP, SOLE PROPRIETORSHIPS

The Corporation, Partnership or Sole Proprietor (Cardholder) executing this agreement acknowledges that the Cardholder has requested THE MIDDLEFIELD BANKING COMPANY (Bank) to issue VISA Card(s) to the cardholder for use by Cardholder and/or Cardholder's agents and/or employees. The Cardholder agrees that a VISA card will be issued subject to the following Terms and Conditions:

1. The Cardholder will be liable for the payments as herein provided of all charges incurred for merchandise and services, all annual and other fees, and all cash loans obtained through the use of all VISA cards issued in the Cardholder's name by any agent or employee and whether or not any particular use was specifically authorized by cardholder. The Cardholder will be liable for such charges incurred by any former employee who obtained possession of a VISA Card issued or issued in the Cardholder's name during their employment. In the telephoning 1.888.801.1666 or 1.800.991.4964 (VISA Loss Stolen Department).
2. The Cardholder represents that it is (check applicable statement)
 - A Corporation Organized and existing in good standing under the laws of the State of Ohio or otherwise authorized to do business in the State of Ohio, in which case those persons executing this agreement are duly authorized to incur indebtedness for the corporation.
 - A Partnership, in which case those persons executing this agreement are all the general partners.
 - A Sole Proprietorship, in which case the person executing this agreement is the Sole Proprietor.
3. Cardholder agrees to pay bank a non-refundable annual membership fee of **\$12.00 Per card issued**. Issuance and use of the VISA card(s) issued pursuant to cardholder's application, which fee will be due and payable in advance each anniversary date hereafter. Cardholder agrees and hereby authorizes Bank to charge cardholder's VISA card account with the foregoing provisions, unless Cardholder shall have previously notified Bank in writing to cancel and terminate the account, or Cardholder's account shall not then be otherwise opened.
4. The Cardholder shall not permit charges to be made from merchandise, services, or cash borrowing in excess of the maximum approved line of credit. Cardholder will be informed of the approved line of credit when account has been approved. If such limit is exceeded, the entire balance of the cardholder's account shall, at the bank's option, become immediately due and payable.
5. All VISA cards are and remain the property of the bank and can be cancelled, and the privileges there-of revoked, at anytime, without prior notice to any Cardholder. The Cardholder agrees to surrender the VISA cards to the Bank upon demand. VISA cards are not assignable or transferable.
6. Bank will bill Cardholder monthly for all purchases and cash loans made through the Cardholder's VISA card(s) or account. The monthly statement shall be considered to be correct unless bank is notified to the contrary in writing within 60 days after the statement.

In order that the account remains in good standing, the Cardholder agrees to pay Bank by the "DUE DATE" shown on the statement(s), the full amount of the statement in the U.S. Dollars. No FINANCE CHARGE shall be imposed by Bank on amounts owing for purchases, provided that the previous balance shown on said statement has been paid in full during the billing cycle. A FINANCE CHARGE which becomes part of the new balance, will be imposed on cash loans from the date of each loan, computed by multiplying the average daily balance by monthly periodic rate at 1.3333% (15.99 ANNUAL PERCENTAGE RATE).

Should the cardholder fail to pay the balance in full and elect to pay the minimum payment shown on the billing, the account may at the Bank's sole option, be subject to review and possible termination. A FINANCE CHARGE which becomes part of the new balance, will be imposed on the purchases computed by multiplying the average daily balance by monthly periodic rate at 1.333 (15.99 ANNUAL PERCENTAGE RATE).

7. No cash refunds will be made on purchases made with the VISA card(s).
8. Upon the insolvency or bankruptcy of the Cardholder or default in any payment due or failure to comply with any of the terms and conditions of the agreement, the full amount owing by Cardholder shall at Bank's option, become immediately due and payable together with reasonable collection costs and attorney's fees and without relief from valuation of appraisal laws.
9. Bank may sell, assign, or transfer its interest in cash loan and/or purchase balances owing pursuant to this agreement to another bank or financial institution either in full or in part and without prior notification of consent of the Cardholder. Bank reserves the right to modify the above terms and conditions from time to time subsequent to written notice mailed to Cardholder.

10. Bank reserves the right to from time to time impose on Cardholder to the extent permitted by law extraordinary charges to reimburse it for any costs actually sustained by Bank in the handling or administrator of Cardholder's account, including but not necessarily limited to returned check charges, document reconstruction charges and foreign check processing charges. Cardholder consents to such reservations and agrees to pay all such charges as may be imposed.

Interest Rates and Interest Charges	VISA
Annual Percentage Rate(APR) for Purchases	15.99 Fixed
APR for Balance Transfers	N/A
APR for Cash Advances	15.99 Fixed
Penalty APR and When it Applies	NONE
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases if you pay the entire balance by the due date. We will begin charging interest on cash advances on the transaction date. We do not offer balance transfers
Minimum Interest Charge	NONE
FEES	VISA
Annual Fee	\$12.00 per card issued
Transaction Fees	
*Balance Transfer	N/A
*Cash Advances	None
*Foreign Transaction	Up to 0.8-1.88%
Penalty Fees	
*Late Payment	Up to \$22.00
*Over-the-Credit-Limit	Up to \$22.00
*Returned Payment/Check	Up to \$22.00
Other Fees	
*Pay by Phone	\$6.00

The Middlefield Banking Company - PO Box 35 Middlefield OH 44062
Customer Service PO Box 30495 Tampa FL 33630 Phone: 800.876.9119

How will we calculate your balance: We will use a method called "average daily Balance" (including new purchases). *An explanation of this method is provided in your account agreement.

Billing Rights: Information on your right to dispute transactions and how to exercise those rights is provided in your account agreement.

Russell Township Credit References

Chagrin Valley Auto Parts

9824 E. Washington St.
Suite 4
Chagrin Falls, OH 44023
Phone: 440-543-8124
Fax: 440-543-1049
Acct # [REDACTED]

Ullman Oil, Inc

P.O. Box 23399
Chagrin Falls, OH 44023
Phone: 440-543-5195
Fax: 440-543-6549
Customer # [REDACTED]

Preston Ford, Inc.

13580 West Center St.
Burton, OH 44021
Phone: 440-834-1600
Fax: 440-834-9704
Customer # [REDACTED]

Nick Mayer's Marshall Ford

6200 Mayfield Rd.
Mayfield Hts., OH 44124
Phone: 440-449-1000
Fax: 440-461-0957
Customer #: [REDACTED]

Board of Trustees

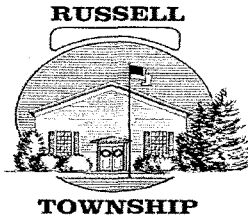
Gary Gabram
James Mueller
Justin Madden

Fiscal Officer

Charles E. Walder

A/P Contact:

Brittany Milite, Ass't to the Fiscal Officer
440-338-7783 PH
440-338-1965 FAX
bmilite@russelltownship.us



TOWNSHIP CREDIT CARD ACCEPTANCE FORM

Employee Name: CHARLES E. WADE Department: FISCAL OFFICE

1. I understand and accept that, I have been provided with a Russell Township credit card for the sole use and benefit of authorized Russell Township expenses in accordance with the Rules and Regulations of the Russell Township Policy and Procedure Manual and the Russell Township Fiscal Office. I understand and accept this credit card under this condition.

Initials: CEW

2. I understand and accept that, this credit card is NOT to be used as a replacement for the normal purchase requisition process and that this card is a form of payment. I will use this credit card only for its intended purpose in accordance with Russell Township policies.

Initials: CEW

3. I understand and accept that if this credit card is ever misplaced, lost, stolen, or otherwise out of my possession that I will immediately notify the Russell Township Fiscal Office as well as follow the credit card merchant's reporting recommendations.

Initials: CEW

4. I understand and accept that all detailed receipts for transactions made using this credit card will be promptly provided to the Russell Township Fiscal Office to allow proper reconciliation of this account.

Initials: CEW

5. I understand and accept that Russell Township DOES NOT reimburse or authorize payment for Ohio sales tax, tips, gratuities, alcohol, or non detailed meal receipts. This card will not be used for those expenses.

Initials: CEW

Employee Signature: _____

Date: _____

6/15/16