



BANK *of the*
FLINT HILLS

VISA® Credit Card

Our VISA® Platinum and Visa® Classic Credit Cards

are designed to help you manage your account sensibly.

Each card is simple, reliable, safe and easy to use with no complicated fees or rules.

Our card offers:

- A low variable rate
- No annual fee
- Free online account information
- Worldwide acceptance
- Cash advance at thousands of ATMs
- Auto rental insurance
- Automatic payment option
- Travel accident insurance coverage
- Prompt, expert service

Use your card for everyday purchases and watch your points add up quickly!

Those eligible for the VISA® Platinum Preferred Card receive additional rewards!

As a VISA® Platinum Preferred cardholder, you'll earn one point for every \$1 spent when you use your card to shop, dine, travel, pay bills and more. Redeem your points for exciting gifts and travel packages. There is no cap on how many points you can earn.

Why carry any other card?

Apply today!



- Please print **ALL PAGES** of this document.
- Each applicant should complete the application and sign.
- The signed application should be mailed to:
Bankers' Bank of Kansas Service Center
P.O. Box 20810
Wichita, KS 67208-6810
or fax to (316) 683-3510
- Applicant should keep the Important Disclosures for the rates, fees or terms associated with this program.
- Applicant should keep this page as an overview.

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APPLICANT *(Please print)*

Name _____ Mother's Maiden Name _____
(as you want it to appear on your card)

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(if different from physical address)

Length of Residence _____ Own Rent Other Monthly Payment \$ _____

Home Phone () _____ Social Security Number _____ Date of Birth ____/____/____

Cell Phone () _____ Email Address _____

Employer or Source of Income* _____ Job Title _____ How Long (yrs.) _____

If self-employed, please list nature of business _____

Annual Income* _____ Business Phone () _____ U.S. Citizen Yes No

Previous Employer _____ Job Title _____ How Long (yrs.) _____

Nearest Relative (not living with you) _____ Home Phone () _____ Relationship _____

*You do not need to include income from alimony, child support or separate maintenance payments unless you want us to consider it for this application.

CO-APPLICANT *Complete if joint account (please print)*

Co-Applicant's Name (as you want it to appear on your card) _____ U.S. Citizen Yes No

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(if different from physical address)

Home Phone () _____ Social Security Number _____ Date of Birth ____/____/____

Cell Phone () _____ Email Address _____

Employer or Source of Income* _____ Job Title _____ How Long (yrs.) _____

If self-employed, please list nature of business _____

Annual Income* _____ Business Phone () _____

PLEASE READ CAREFULLY BEFORE SIGNING: This application is submitted to obtain credit, and I/we certify that all information herein is true and complete. I/we agree and grant permission that inquiries may be made to verify information and credit references or verification may be given based on inquiries from other parties. At the request of your Financial Institution, this offer is underwritten and serviced by Bankers' Bank of Kansas, P.O. Box 20810, Wichita, KS 67208-6810 (BBOK). Offer subject to credit policies of BBOK. I/we agree to be bound by the terms and conditions of the **Cardholder Agreement**, a copy of which will be mailed to the applicant if credit is granted. Receipt of such agreement and acceptance of such terms to be conclusively presumed by applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. I/we hereby certify and warrant that the statements made by me/us are true and correct and that I/we have read the Important Disclosures in this application.

We intend to apply for joint credit. Initials _____ and _____.

X _____ Date _____ X _____ Date _____
 Applicant's Signature Co-Applicant's Signature

BALANCE TRANSFER

TRANSFER OF BALANCE REQUEST: Upon approval, I wish to transfer the current balance on the credit account(s) listed below to my new credit account, up to my credit limit. Please send a copy of your last credit card statement for each of the accounts indicated below. Please allow 30 days for payment to be received. Continue making payments to your other creditor until the balance transfer is complete to avoid any late fees.

VISA Account No. _____ X _____
 Cardholder Signature

MasterCard Account No. _____ X _____
 Cardholder Signature

Other (Name) - Account No. _____ X _____
 Cardholder Signature

AUTOMATIC PAYMENT OPTION

If you would like your payment automatically deducted from your checking or savings account, please check here and an automatic payment set-up form will be mailed to you.

Name of Employee Who Helped You: _____ 731

IMPORTANT DISCLOSURES

As of the date in the lower right corner of this application, the information listed was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to us at P.O. Box 20810, Wichita, KS 67208-6810 or email us at ccinfo@bbok.com.

The **Cardholder Agreement** should be reviewed for all conditions and terms.

BBOK is card issuer.

NO ANNUAL FEE!

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	<p>10.92% for Platinum</p> <p>13.42% for Classic</p> <p>When you open your account, based on your creditworthiness. Your APR will vary with the market based on the Prime Rate.*</p>
APR for Balance Transfers	Same as Purchase Rate.
APR for Cash Advances	18.00%
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will begin charging interest on cash advances on the transaction date. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from The Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at: http://www.consumerfinance.gov/learnmore
Fees	
Annual Fees	None
Transaction Fees	<p>None</p> <p>Either \$5 or 2% of the amount of each advance, whichever is greater.</p> <p>2% of U.S. dollar amount of the transaction.</p>
<ul style="list-style-type: none"> ■ Balance Transfer ■ Cash Advance ■ Foreign Transaction 	
Penalty Fees	
<ul style="list-style-type: none"> ■ Late Payment ■ Returned Payment 	<p>Up to \$25</p> <p>Up to \$25</p>

Effective October 3, 2017, Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). Call 1-888-675-6332 for recorded information.

How We Will Calculate Your Balance: We use a method called “average daily balance (including new purchases).”

*In the event you do not qualify for a Platinum Preferred card, we will automatically consider you for our Classic card. Your Rate on purchases is determined by adding 8.42% for Classic or 5.92% for Platinum to the “Prime Rate” published in the Wall Street Journal under the “Money Rates” subsection on the last business day of each month.