



Village Bank P.O. Box 330 Midlothian, VA 23113 Toll Free Phone: (866) 806-9306

BUSINESS CREDIT CARD APPLICATION

Key Definitions

- "We," "us," and "our" means Village Bank, Richmond, VA, and includes its agents, authorized representatives, service providers, successors, and assigns, as applicable.
- The "Business Card Account" or "Account" is the commercial purpose credit card account, including any of its associated Subaccounts, which we agree to provide on vour behalf.
- A "Subaccount" is any commercial purpose credit card account with a unique Card number that we may provide to you or an Authorized User, which we associate with the Account at your request.
- · A "Card" is any credit card or other device we provide to you and your Authorized Users for Account access.
- The "Business Cardmember Agreement" is the agreement we provide if we approve your Business Card Account application.
- The "Guarantor" is any person identified below, or elsewhere who agrees to be liable to us, individually and together with the Company, for payment of the Account.
- "You" and "your" means and includes: (i) the Company (Business Applicant); and (ii) any Guarantor.
- An "Authorized User" of a Card or the Account includes you; any person designated to receive a Card by you, an Authorized Company Representative, or a Program Administrator; and any person who is otherwise allowed to use the Account or a Card by you, an Authorized Company Representative, a Program Administrator, or another Authorized User.
- A "Program Administrator" is any person designated by you or an Authorized Company Representative to manage the use and availability of the Cards and Account, as well as the reporting, credit limits, and other controls associated with the Cards and Account

Important Information About Procedures for Applying for a Loan:

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires 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 a new 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.

| *denotes red | quired fields |
|--------------|---------------|
|--------------|---------------|

| | BUSINESS | APPLI | CANT | | | |
|---|-------------------------------|----------------|---------------------------|--------------------------------|------------------------|--|
| TYPE OF COMPANY (CHECK ONE) | | | | | | |
| □ For-Profit Corporation □ Not-for-Profit Corporat | ion D Partnership | 🛛 LLC | Sole Proprietorship | Association | n 🔲 Gov't/Municipality | |
| Other (describe): | | | | | | |
| BUSINESS NAME / TRADE NAME | | BUSINESS | NAME TO APPEAR ON CARDS (| MAXIMUM 26 CHARA | CTERS) | |
| BUSINESS STREET ADDRESS (PHYSICAL ADDRESS – NO PO BO |)X) | CITY | | STATE | ZIP | |
| BUSINESS MAILING ADDRESS (if different from physical address) | | CITY | | STATE | ZIP | |
| BUSINESS EIN / TAX ID NUMBER | BUSINESS GROSS ANNUAL REVENUE | | REQUEST \$ | REQUESTED ACCOUNT CREDIT LIMIT | | |
| BUSINESS MAIN TELEPHONE NUMBER ** | YEAR BUSINESS ESTABLISH | HED (MINIMUM C | F3 ፼ NUMBER | OF BUSINESS EMPLO | DYEES | |

AUTHORIZED COMPANY REPRESENTATIVE (acting on behalf of the company)

| Chairman/CEO/President D Treas./CFO | Member | Manager | Owner/Sole | Proprietor | (| % ownership) |
|-------------------------------------|--------|---------|------------|------------|---|--------------|
| Other (describe): | | | | | | |

| NAME OF AUTHORIZED COMPANY REPRESENTATIVE | | PERSONAL EMAIL ADDRESS ** | | |
|---|------------------------|---------------------------|----------------------------|--|
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | | MOBILE TELEPHONE NUMBER ** | |

** By providing these telephone numbers and email addresses, the Authorized Company Representative and each Guarantor authorizes us to use this information, and any communications method and technology we choose, including but not limited to automatic dialing devices, to contact the Authorized Company Representative, the Company, the Guarantor, and each Authorized User, in connection with this application and the servicing and collection of any Account, Subaccounts, and Cards we may provide.

TERMS AND CONDITIONS

This is your application to Village Bank for a Business Card Account and Cards for Account access. You agree that you are subject to, and shall comply with, the terms and conditions provided with this application and in the Business Cardmember Agreement we provide to the Authorized Company Representative if we open an Account for you. If we approve this application, each of you and all of you promise, individually and together, to pay all amounts that become due to us in connection with the Account, according to the terms of this application, the Personal Guaranty, and the Business Cardmember Agreement, as amended from time to time. You agree the Business Cardmember Agreement shall become effective against you the first time any of you or any Authorized User activates a Card or uses the Account in any way. You are applying for an Account with the Requested Credit Limit shown above, or any lesser credit limit that is the maximum amount for which you qualify. You understand and agree that the Business Card Account and Cards may be used solely for agricultural, business, commercial or governmental purposes, and not for any personal, family, or household purposes. You agree that we may monitor and record telephone calls about the Business Card Account to assure service quality or for other legitimate business reasons. You expressly authorize us and our agents and service providers to use written, electronic, or verbal means for purposes of contacting any of you and any Authorized User. You agree this authorization includes, but is not limited to, manual calling methods, prerecorded or artificial voice messages, text messages, e-mail messages, and/or automatic telephone dialing systems. You agree that we and our agents and service providers may contact you and any Authorized User using any e-mail address or telephone number provided, including a number for a cellular telephone or other wireless device, regardless of whether charges are incurred as a result. You agree to provide any additional information and reports we may reasonably request to evaluate this application or in connection with any Business Card Account we may provide as a result of this application. You understand and agree that we may disclose information about you, and about our transactions and credit experiences with you, to credit reporting agencies, merchants, service providers, your other creditors and other parties we reasonably believe are conducting legitimate credit inquiries about you. You agree that we may verify your employment, income, revenue, address, and all other information about you with creditors, credit reporting agencies, employers, financial references, accountants, government agencies, and other third parties, and through records maintained by government agencies. You understand that we will rely on the information provided on and with this Business Card Account application. By submitting this application, the person identified as the Authorized Company Representative certifies and agrees that: (a) he or she read, understood and agrees on the Company's behalf to all terms and conditions provided with this Business Card Account application: (b) all information and documents provided with this Business Card Account application are true, correct, and complete in all respects; and (c) he or she is duly authorized by the Company to act on its behalf in applying for the Business Card Account, binding the Company to all terms and conditions of this application and the Business Cardmember Agreement, and designating the Authorized Users and Program Administrators of the Business Card Account.

SIGNATURE

Authorized Company Representative X_

Date

(If Company is sole proprietorship, the Owner/Proprietor must sign here as the Authorized Company Representative and sign the following section as a Guarantor. If Company is a partnership or LLC, the managing partner or member must sign here as the Authorized Company Representative. For Company that is any other type of legal entity, the Authorized Company Representative shown above must sign here.)

NOTICE: If this application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, contact Village Bank, Attn: Loan Servicing, PO Box 330, Midlothian VA 23113 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days after receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

GUARANTORS (All owners with ownership of 20% or greater)

If we agree to open an Account, each person identified and signing below ("Guarantor") agrees to be unconditionally, absolutely, and personally liable to us, both as an individual and jointly with the Company (joint and several liability), for the prompt and full payment and performance of all obligations due to us, now and in the future, that result from any use of the Account and all Cards and Subaccounts. If the Company does not make Account payments in the time, manner or amounts required by the Business Cardmember Agreement, Guarantor understands and agrees we have the right and the discretion to pursue collection of the Account from any party liable to us under the Business Cardmember Agreement or a Guaranty, whether that is the Company, any Guarantor, or any combination of the Company and any or all Guarantors. Guarantor agrees his or her Guaranty applies to any use of the Account, all Cards, and all Subaccounts made available to the Company, the Authorized Company Representative, and all Authorized Users. Each Guarantor agrees, in the event of any default under the Business Cardmember Agreement, to pay the total balance due to us upon our demand, without requiring us or any assignee to make demand and/or proceed first to enforce the Agreement against the Company, any other Guarantor, or any other person or entity. Guarantor waives notice of any modifications, amendments, or extensions of the Business Cardmember Agreement, the Account, or any Subaccount, and of any non-performance or breach of the Business Cardmember Agreement. Guarantor agrees that his or her payment obligations are the direct, primary, and continuing obligations of Guarantor and his or her heirs, successors, and assigns, and not merely a guaranty of collection. This is a continuing Guaranty that shall remain in effect, until we receive written notice from Guarantor asking us to terminate or modify this Guaranty and we have a reasonable period of time to act on any such notice. If this happens. Guarantor understands and agrees that the termination of the Business Cardmember Agreement or this Guaranty shall not release Guarantor from his or her obligations under this Guaranty with respect to any obligations incurred before the effective date of such termination. Guarantor agrees that his or her obligations under this Guaranty shall survive any sale or other disposition of Guarantor's interest in the Company and that this Guaranty shall not be affected by any change in the legal status of Guarantor or the Company, or in any change in the Guarantor's relationship with the Company. Guarantor agrees to subordinate to this Guaranty any debts the Company may owe Guarantor now or in the future. Guarantor agrees to pay any costs we incur in collecting and enforcing this Guaranty, including reasonable attorney's fees, to the extent permitted by law. Guarantor agrees to provide any additional information and reports we may reasonably request at any time to evaluate Guarantor's financial condition. Guarantor agrees that we may monitor and record telephone calls about the Business Card Account to assure service quality or for other legitimate business reasons. Guarantor expressly authorizes us and our agents and service providers to use written, electronic, or verbal means for purposes of contacting Guarantor. Guarantor agrees this authorization includes, but is not limited to, manual calling methods, prerecorded or artificial voice messages, text messages, e-mail messages, and/or automatic telephone dialing systems. Guarantor agrees that we and our agents and service providers may contact Guarantor using any e-mail address or telephone number provided, including a number for a cellular telephone or other wireless device, regardless of whether charges are incurred as a result. Guarantor agrees that we may obtain consumer credit reports about Guarantor for purposes of reviewing the Business Card Account application. If we open a Business Card Account, Guarantor also agrees that we may obtain consumer credit reports about Guarantor in the future for purposes such as reviewing, updating, renewing, collecting, and servicing the Business Card Account and for other purposes permitted by law. We will, if you request, tell Guarantor whether we obtained a consumer credit report about Guarantor and tell Guarantor the name and address of any consumer reporting agency that provided the report. Guarantor acknowledges that we may report information about the Business Card Account to credit bureaus. Guarantor agrees to provide his or her financial and credit information to us promptly and in the form and manner we request for purposes of evaluating the Account application and in connection with the servicing and collection of any Account we may establish for you. Guarantor represents, warrants and covenants that all of the financial and credit information that he or she provides with this Account application and in connection with servicing any Account established for you shall be true, correct and complete in all material respects with regard to Guarantor's financial condition as of the date any such financial information is provided. By signing below: (a) Guarantor certifies that he or she read and understood the Business Card Account application and this Guaranty; (b) Guarantor agrees to all of the terms and conditions of the Business Card Account application and this Guaranty; and (c) Guarantor agrees that all information and documents provided with this Business Card Account application are true, correct, and complete.

| Personal Guaranty of Account | Please li | st all owners w | ith ownership of 20% | 6 or greater | . All owners liste | d must sign ap | plication as Guarantors |
|--------------------------------------|-----------------------|-----------------|----------------------|--------------|--------------------|----------------|-------------------------|
| GUARANTOR NAME (FIRST, LAST) | | SOCIAL SECU | JRITY NUMBER | WORK PH | ONE NUMBER** | MOBILI | E PHONE NUMBER** |
| | | | | | | | |
| RESIDENTIAL ADDRESS | | | | | DATE OF BIRTH | | OWNERSHIP % |
| | | | | | | | % |
| WILL THE GUARANTOR BE A CARD HOLDER? | GROSS ANNUAL INCOME* | | INDIVIDUAL SPEND | ING LIMIT | | PERSONAL EM | AIL ADDRESS** |
| □ Yes □ No | \$ per year | | \$ | | | | |
| Signature of Guarantor: | x | | | | Date | | |

| Personal Guaranty of Account | Please li | st all owners with ownership of 20% | 6 or greater | . All owners listed | I must sign applica | tion as Guarantors |
|--------------------------------------|-----------------------|-------------------------------------|--------------|---------------------|---------------------|--------------------|
| GUARANTOR NAME (FIRST, LAST) | | SOCIAL SECURITY NUMBER | WORK PH | ONE NUMBER** | MOBILE PH | ONE NUMBER** |
| | | | | | | |
| RESIDENTIAL ADDRESS | | | | DATE OF BIRTH | | OWNERSHIP % |
| | | | | | | % |
| WILL THE GUARANTOR BE A CARD HOLDER? | GROSS ANNUAL INCOME* | INDIVIDUAL SPEND | ING LIMIT | | PERSONAL EMAIL A | DDRESS** |
| Yes No | \$ per year | \$ | | | | |
| Signature of Guarantor: | x | | | Date | | |

| Personal Guaranty of Account | Please li | st all owners wi | th ownership of 20% | 6 or greater | . All owners liste | ed mus | t sign applica | tion as Guarar | ntors |
|--------------------------------------|----------------------|------------------|---------------------|--------------|--------------------|--------|----------------|----------------|-------|
| GUARANTOR NAME (FIRST, LAST) | | SOCIAL SECU | RITY NUMBER | WORK PH | ONE NUMBER** | | MOBILE PH | ONE NUMBER** | r |
| | | | | | | | | | |
| RESIDENTIAL ADDRESS | | • | | | DATE OF BIRTH | | | OWNERSHIP | % |
| | | | | | | | | | % |
| WILL THE GUARANTOR BE A CARD HOLDER? | GROSS ANNUAL INCOME* | | INDIVIDUAL SPEND | ING LIMIT | | PERS | ONAL EMAIL A | DDRESS** | |
| Yes No | \$ per year | | \$ | | | | | | |
| Signature of Guarantor: | X | | | | Date | | | | |

| Personal Guaranty of Account | Please list all owners w | ith ownership of 20% | or greater. | All owners listed mu | ust sign applica | ation as Guarantors |
|------------------------------|--------------------------|----------------------|-------------|----------------------|------------------|---------------------|
| GUARANTOR NAME (FIRST, LAST) | SOCIAL SECU | JRITY NUMBER | WORK PHO | ONE NUMBER** | MOBILE PH | ONE NUMBER** |
| | | | | | | |
| RESIDENTIAL ADDRESS | | | | DATE OF BIRTH | | OWNERSHIP % |
| | | | | | | % |
| | DSS ANNUAL INCOME* | INDIVIDUAL SPENDI | NG LIMIT | PER | SONAL EMAIL | ADDRESS** |
| □ Yes □ No \$ | year | \$ | | | | |
| Signature of Guarantor: X_ | | | | Date _ | | |

* Income from alimony, child support and separate maintenance payments need not be revealed if you do not want this income considered as a basis for repaying this obligation.

** If telephone numbers and email addresses are provided, Guarantor agrees this means we are allowed to use this information to contact Guarantor and the Company about this application and any credit card account we may open.

BUSINESS CREDIT CARD AUTHORIZED USERS

This form is used to add additional authorized users to a business credit card account, and to create Authorized account signers, who are empowered to make changes to the control account. Please complete all necessary sections in full. Application omissions may delay processing.

| Please mail this form, or deliver to the nearest |
|--|
| Village Bank Branch |
| |
| |

Village Bank Attn: Credit Card Dept PO Box 330 Midlothian VA 23113

Mail:



| Company Information Required | | | | | | |
|------------------------------|-------------------------------|---------------|----------------------|--|--|--|
| Name of Company | Account Number or Card Number | Tax ID Number | Company Phone Number | | | |
| | | | | | | |

| Adding Employees: Plea | ase establish Business Card accoun | ts for the following employees. All in | formation is Required |
|--------------------------------|------------------------------------|--|------------------------------|
| Name of Employee (First, Last) | | Date of Birth (MM/DD/YYYY) | Social Security Number |
| | | | |
| Work Phone Number* | Mobile Phone Number * | Individual Spending Limit | PERSONAL EMAIL ADDRESS** |
| Work i hone Number | | | |
| | | \$ | |
| | | | |
| Name of Employee (First, Last) | | Date of Birth (MM/DD/YYYY) | Social Security Number |
| | | | |
| Work Phone Number* | Mobile Phone Number * | Individual Spending Limit | PERSONAL EMAIL ADDRESS** |
| | | \$ | |
| | | Ψ | |
| News of Englance (Eight Leaf) | | | On stat On south Mouston |
| Name of Employee (First, Last) | | Date of Birth (MM/DD/YYYY) | Social Security Number |
| | | | |
| Work Phone Number* | Mobile Phone Number * | Individual Spending Limit | PERSONAL EMAIL ADDRESS** |
| | | \$ | |
| | | Ψ | |
| Name of Employee (First, Last) | | Date of Birth (MM/DD/YYYY) | Social Security Number |
| | | | |
| | | | |
| Work Phone Number* | Mobile Phone Number * | Individual Spending Limit | PERSONAL EMAIL ADDRESS** |
| | | \$ | |
| | | Ť | |
| Name of Employee (First, Last) | | Date of Birth (MM/DD/YYYY) | Social Security Number |
| | | · · · · · · · · · · · · · · · · · · · | , |
| | | Individual Coonding Limit | PERSONAL EMAIL ADDRESS** |
| Work Phone Number* | Mobile Phone Number * | Individual Spending Limit | PERSUNAL EMAIL ADDRESS |
| | | \$ | |

* If telephone numbers and email addresses are provided, Authorized User agrees that this means we are allowed to use this information to contact the User and the Company about this application and any credit card account we may open.

| AUTHORIZED ACCOUNT SIGNERS (Not Card Holders) | | | | | | |
|---|-----------------------|----------------------------|------------------------|--|--|--|
| Name of Employee (First, Last) | | Date of Birth (MM/DD/YYYY) | Social Security Number | | | |
| Work Phone Number* | Mobile Phone Number * | PERSONAL EMAIL ADDRESS** | | | | |
| Name of Employee (First, Last) | | Date of Birth (MM/DD/YYYY) | Social Security Number | | | |
| Work Phone Number* | Mobile Phone Number * | PERSONAL EMAIL ADDRESS** | | | | |

If telephone numbers and email addresses are provided, Authorized Signer agrees that this means we are allowed to use this information to contact the User and the Company about this application and any credit card account we may open.

Certification of Beneficial Owners of Legal Entities

| Financial Institution Name: | | Finan | cial Institution Location: |
|---------------------------------------|-----------------------|--|--------------------------------|
| Village Bank | | 13319 Midlothian Turnpike, Midlothian VA 23113 | |
| Financial Institution Contact Person: | Contact Phone Number: | | Customer Portfolio/Identifier: |

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This formmust becompleted by the personopening a new account on behalf of a legalentity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similaroffice, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or othersimilar information, in the case of Non-U.S. persons) for the following individuals (*i.e.*, the **beneficialowners**):

(i) Eachindividual, if any, whoowns, directly or indirectly, 25 percentor more of the equity interests of the legal entity customer (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation); **and**

(ii) An individual with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (*e.g.*, the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (*i.e.*, one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

| Name of Natural Person Opening Account: | Title of Natural Person Opening Account: |
|---|--|
| Type of Legal Entity for Which the Account is Being Opened: | Legal Entity Identifier (Optional): |
| Name of Legal Entity for Which the Account is Being Opened: | |
| Physical Address of Legal Entity for Which the Account is Being Opened: | |

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

| Name (Beneficial Owner) | Date of Birth | Address (Residential or Business Street Address) | For U.S. Persons: Social Security Number | For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number ¹ |
|----------------------------|------------------|---|--|--|
| First | | Street | | Number |
| Last | | City State & Zip | | Country of Issuance |
| First | | Street | | Number |
| Last | | City State & Zip | | Country of Issuance |
| First | | Street | | Number |
| Last | | City State & Zip | | Country of Issuance |
| First | | Street | | Number |
| Last | | City State & Zip | | Country of Issuance |

| If checked, Beneficial Owner listing requirement is Not Applicable

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

> -An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer): or

-Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

| Name/Title (of Person with Control) | Date of Birth | Address (Residential or Business Street Address) | For U.S. Persons: Social Security Number | For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number ¹ |
|---|------------------|---|--|--|
| First | | Street | | Number |
| Last | | City | | Country of Issuance |
| Title | | State & Zip | | |

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I,

(name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also, the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership information on this Certification.

Signature: Date:

Additional Information (For Institutional Use Only):