



ProductivitySM Card Application

Select the MasterCard[®] best suited for your business needs

For Bank use: **1396**

Branch Number: **RS 100**

Employee Number: _____

Revolving Business Credit Card Account
(Joint and Several)

- Make monthly payments or pay all charges in full each billing period.
- Balances subject to finance charges.
- Authorizing Officer will be jointly and severally liable with the Company and personally guarantee payment of all amounts owed. We will contact you if financial statements are required to complete your application.

Non-revolving Business Charge Card Account
(Joint and several liability)

- All charges paid in full each billing period.
- No finance charges.
- Authorizing Officer will be jointly and severally liable with the Company and personally guarantee payment of all amounts owed. We will contact you if financial statements are required to complete your application.

Non-revolving Business Charge Card Account
(Company liability)

- All charges paid in full each billing period.
- No finance charges.
- Company liability only. 2 years financial statements must accompany application. Your business must have at least \$10 million in annual sales AND request a credit line over \$25,000 to qualify.

1 ► Business Information: (All fields are required)

Company Name as it should appear on the Cards (maximum 24 characters including spaces)

Legal Name of Business _____ Requested Company Credit Limit _____

Business Address

Street _____ City _____ State _____ Zip _____

2 Date Business Started (MM/YYYY) _____ Tax ID Number _____

Business Phone (_____) _____

Company-Designated Program Manager (PM) Name _____

PM Social Security Number _____ PM Date of Birth (MM/DD/YYYY) _____

Issue card for Program Manager? (please circle): Yes / No Requested Program Manager Credit Limit _____

► Authorized Officer Information: (All fields are required)

If an account is approved and opened, the Authorizing Officer will be issued a ProductivitySM Card. For Additional Cardholders, please use the Additional Card(s) Request Form and return it to us with this Application.

Authorizing Office (AO) Full Name _____

AO Social Security Number _____ AO Date of Birth (MM/DD/YYYY) _____

3 AO Home Address

Street _____ City _____ State _____ Zip _____

► Rewards: (Optional)

YES! ENROLL MY BUSINESS IN THE OPTIONAL PRODUCTIVITYSM REWARDS POINTS PROGRAM

By checking the enrollment box above to enroll in the optional Productivity Points Program ("Program") the Authorizing Officer acknowledges that the Program is optional and only available to the Company if this Productivity Card Application is approved and an Account is opened. The Company and the Authorizing Officer agree to be bound by the Productivity Points Program Terms and Conditions which accompany this application.

4 ► Company and Authorizing Officer Signature and Agreement: (Required)

By signing below and submitting this Application, the Authorizing Officer represents and agrees, personally and on behalf of the Company, as follows: (1) The information given in this Application is complete and accurate. (2) GE Capital Financial Inc. ("GECF") is authorized to check with credit reporting agencies, credit references and other sources (with respect to both the Company and the Authorizing Officer) in investigating the information given. (3) The Authorizing Officer is an authorized representative of the Company with authority to enter into borrowing agreements and to obligate the Company to repay indebtedness. (4) GECF may contact me (1) using all contact information that I provide to GECF, including without limitation, each phone number, email address, and/or text message address, (2) for all purposes, including collection purposes, (3) using methods where I may be charged for the communication (such as calling or sending a text message to my cellular phone) and (4) using automated equipment. Unless the company is approved for a Company Liability Charge Account, the Authorizing Officer personally guarantees the Company's performance on the Account. Additionally, the Company and the Authorizing Officer agree to the Important Information provided with this Application, which is hereby incorporated by reference, and each agrees to be bound by the Credit Agreement governing the Account, which will be sent to the Company upon approval. **Federal law requires us to obtain, verify and record information that identifies you when you open an account. We will use your name, address, date of birth, social security number and other information for this purpose.**

Signature of Authorizing Officer _____ Date _____

Please fax the pages of your Application to us at 1-866-847-2764
or mail it to Business Productivity Card PO Box 520310, Salt Lake City UT, 84152-0310. Thank you.

Important Information Concerning the Application

As used in this Application, the terms "we," "us," and "our" refer to GE Capital Financial Inc. (GECF) and its assigns; "Company" refers to the company identified in the Application; "you" and "your" refer to both the Company and the Authorizing Officer who submits the Application. By submitting the Application, you request that we establish a ProductivitySM Card account ("Account") and issue a MasterCard Credit Card ("Card") to you. The Account, and your use of the Card, will be governed by the credit agreement (the "Credit Agreement") you will receive upon Account approval. The Credit Agreement states that it will be governed by Utah and applicable federal law. You represent and warrant that this Application and the Credit Agreement are and will be legal, valid and binding obligations of each of you and that you are and have been duly authorized to, execute and deliver the Application. You further represent and warrant that all information provided in the Application and at any other time in connection with the Application or the Account is true and correct and acknowledge that we will rely on this information in connection with the establishment and maintenance of the Account. Each of the Company and the Authorizing Officer consents to our investigation of its credit history, and authorizes us to obtain a credit bureau report in connection with our review of this Application, and to obtain updated credit bureau reports on Company and personal credit reports on the Authorizing Officer from time to time. If approved for a Company liability Account, investigation of credit is applicable only to Company. You also authorize us to release information to, and respond to inquiries from, others (including, without limitation, credit bureaus, our parent company, our affiliates, merchants and other financial institutions) regarding the existence, status, use and history of the Account. Company specifically authorizes us to rely and act on the instructions of the Authorizing Officer and any program manager designated by the Company, and Company confirms that actions taken by the Authorizing Officer or any program manager will be binding on the Company. You authorize Premier Merchant Solutions to provide to us, upon our request, information in its possession concerning Company and Authorizing Officer; and you authorize us to notify Premier Merchant Solutions whether this Application is approved, and to provide Premier Merchant Solutions with information regarding the existence, status, use, history of the Account and other related information.

NOTICE TO AUTHORIZING OFFICER: Unless Company is approved for a Company liability Account, the Authorizing Officer's submission of the Application means that the Authorizing Officer and the Company are jointly and severally liable for repayment of the Account and that the Authorizing Officer is personally guaranteeing the Company's performance under the Credit Agreement. By submitting the Application, you consent to our investigation of your personal credit history and authorize us to exchange information about you as stated above. If the Authorizing Officer is a resident of New York, we will inform him or her, upon request, whether or not a consumer report was requested, and if so, the name and address of the consumer reporting agency that furnished the report. You understand and agree that because our products are business products, all information relating to you and/or the Account, (including, without limitation, account and application information, purchase and payment activity, and balance and status information) may be shared with Company, and with any designated program manager(s) for the Company. You should have no expectation that this information will remain private from the Company.

PROGRAM MANAGER: The person indicated on this Application as the Program Manager is hereby designated by the Company as its duly authorized representative and as our primary point of contact with respect to the Card(s) and Account. The Company agrees that all actions of the Program Manager may be relied upon by us as the duly authorized actions of the Company. The Company may change its designated Program Manager or authorize one or more additional Program Managers at any time, upon written notice from the Authorized Officer to us at the address below.

ACCOUNT FOR BUSINESS OR COMMERCIAL PURPOSES ONLY: The Account will be opened in the name of Company. The Account is established only for the purpose of purchasing goods and/or services to be used for business or commercial purposes on behalf of Company. Company and Authorizing Officer agree not to use or permit anyone to use the Account to purchase goods and/or services for personal, family or household purposes. In this regard, Company and Authorizing Officer understand that their agreement not to use the Account for personal, family or household purposes means that important duties imposed upon GECF in certain consumer transactions, and important rights conferred upon a consumer pursuant to applicable federal and state laws, will not apply to the Account. You also understand that we will be unable to determine whether any given purchase conforms to this commercial use restriction, and you agree that a breach of this restriction will not affect our right to enforce your promise to pay for the credit extended on the Account, including related charges, or to use any legal remedy available to us even if that remedy would not have been available had the Account been established as a consumer credit account.

Important Productivity Points Information

PARTICIPATION: Participation in the Program is restricted to those U.S. Companies with a Company Bill Account who accept the terms of the Program. The Program is sponsored by GECF. GECF reserves the right to terminate, change or temporarily suspend the Program or change the Program Rules, regulations, fees, or awards at any time with or without notice. **ENROLLMENT:** The Company's participation in the Program will be renewed automatically each year on the enrollment date anniversary as long as Account is open and in good standing and Company's participation in the Program has not been terminated.

TERMINATION OF PARTICIPATION IN PROGRAM: Company must notify GECF in writing at ProductivitySM Card, P.O. Box 520310, Salt Lake City, UT 84152-0310, not less than thirty (30) days prior to the enrollment date anniversary of Company's termination of its participation in the Program. GECF reserves the right in its sole discretion to approve, deny or terminate participation in the Program or not allow points redemption for any reason whatsoever. All points in Company's Program account are forfeited immediately upon any termination of Company's participation in the Program.

ACCUMULATING POINTS: Once enrolled in the Program, the Authorizing Officer will accumulate 1 point for each full U.S. dollar in net purchases (goods and services, minus any credits, returns or to other adjustments related to those purchases, and exclusive of fees, finance charges, cash advances, balance transfers, traveler's checks, convenience checks and U.S. Postal charges), made by each Cardholder after the enrollment date. A maximum of 15,000 points may be accumulated each month. A maximum of 180,000 points may be accumulated in each calendar year. Only the Authorizing Officer, or his/her designee, may redeem points. Points will expire in the calendar month of the third year after the year they are received. Points will be redeemed and will expire on a first in first out basis.

POINT REDEMPTION: Points may not be redeemed unless the Account is in good standing and Company is enrolled in the Program. All rewards are subject to availability and certain restrictions imposed by the award providers will apply. You should contact the Rewards Service Center for a full statement of the restrictions applicable to the desired award or see www.productivityrewards.com for details and full Program terms.

OTHER RULES/LIMITATIONS OF LIABILITY: Program point accrual and redemption cannot be used in conjunction with any other credit card reward programs offered by GECF. The Program is void where prohibited by federal, state, or local law. The Program terms and conditions are governed by the laws of the State of Utah.

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The Key Credit Terms as of March 25, 2008

	Business Revolving Credit Account	Business Charge Accounts								
Annual Percentage Rate (APR) for Purchases	One of the following variable APRs will be assigned to your Account upon approval: 7.85%, 10.25%, 12.85%, or 20.25%.	NA; Balance due in full each month.								
Other APRs	Cash Advance APR: 20.24% variable. Delinquency Rate*: 29.24% variable. Cure Rate*: 17.00% variable.	NA; Balance due in full each month.								
Variable Rate Information	APRs will vary. The APR for purchases will equal Prime Rate** plus a margin of either 2.60%, 5.00%, 7.60%, or 15.00%, depending on Company's credit information and Authorizing Officer's personal credit information. The APR for Cash Advances will equal Prime Rate plus a margin of 14.99%. The Delinquency Rate will equal Prime Rate plus 23.99% but not higher than 31.99%. The Cure Rate will equal Prime Rate plus 11.75%.	NA; Balance due in full each month.								
Annual Fee	None.	For an account with 1 to 9 cards: \$45 per card. For an account with 10 to 99 cards: \$25 per card. For an account with 100 or more cards: \$15 per card.								
Grace Period for Repayment of the Balance for Purchases	25 days if total Balance is paid in full by the payment due ^{date} on the billing statement; otherwise none.	NA; Balance due in full each month.								
Grace Period for Repayment of the Balance for Cash Advances	None.	NA; Balance due in full each month.								
Method of Computing the Balance	Average Daily Balance including new purchases.	NA; Balance due in full each month.								
Minimum Finance Charge	\$1.00	NA; Balance due in full each month.								
Late Payment Fee	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Amount of New Balance</td> <td style="width: 50%; text-align: right;">Late Payment ^{Fe}</td> </tr> <tr> <td>Less than \$100</td> <td style="text-align: right;">\$15</td> </tr> <tr> <td>\$100 - \$249.99</td> <td style="text-align: right;">\$29</td> </tr> <tr> <td>\$250 or more</td> <td style="text-align: right;">\$39</td> </tr> </table>	Amount of New Balance	Late Payment ^{Fe}	Less than \$100	\$15	\$100 - \$249.99	\$29	\$250 or more	\$39	The greater of \$32 or 2.5% of the charges that have appeared on the periodic Statement and remain unpaid for one (1) or more billing cycles.
Amount of New Balance	Late Payment ^{Fe}									
Less than \$100	\$15									
\$100 - \$249.99	\$29									
\$250 or more	\$39									
Transaction Fee for Cash Advances: 3% of amount of each Cash Advance, but not less than \$3 or more than \$50; Over Limit Fee: \$29; Returned Payment Fee: \$29; Stop Payment Fee: \$29; Foreign Transaction Fee: 2%; Other fees apply as set forth in the Credit Agreement.										

* Delinquency APR will apply if you fail to make your required minimum payment by the due date two or more times (which need not be consecutive) in any twelve-month period. Once your Account is subject to the Delinquency APR, if you pay all past due amounts and any fees, and you pay your minimum monthly payment on time for twelve consecutive months, the Cure APR will apply to your Account beginning the first day of the next billing period.

** The Prime rate for the revolving business credit account is the highest bank prime loan rate as published in The Wall Street Journal in its Money Rates section on the twenty-fifth (25) business day of the calendar month immediately proceeding the first day of such billing period.

The information about the costs of the Account described above is accurate as of March 25, 2008. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 520310, Salt Lake City UT 84152-0310.

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ProductivitySM Card Application

MasterCard[®] Additional Card(s) Request Form

For Bank use: **1396**

Branch Number: **RS 100**

Employee Number: _____

To request additional Productivity Card(s) on the company account, please provide the information requested for each cardholder, have the Company's Authorizing Officer or Program Manager sign below, and submit this form to us. Cardholder Date of Birth and Social Security Number are used to verify identity when a Cardholder contacts us.

1 Prospective Cardholder Information: (All fields are required)

1. Cardholder Full Name _____
 Cardholder Social Security Number _____ Cardholder Date of Birth (MM/DD/YYYY) _____
 Requested Cardholder Credit Limit _____

2. Cardholder Full Name _____
 Cardholder Social Security Number _____ Cardholder Date of Birth (MM/DD/YYYY) _____
 Requested Cardholder Credit Limit _____

3. Cardholder Full Name _____
 Cardholder Social Security Number _____ Cardholder Date of Birth (MM/DD/YYYY) _____
 Requested Cardholder Credit Limit _____

4. Cardholder Full Name _____
 Cardholder Social Security Number _____ Cardholder Date of Birth (MM/DD/YYYY) _____
 Requested Cardholder Credit Limit _____

5. Cardholder Full Name _____
 Cardholder Social Security Number _____ Cardholder Date of Birth (MM/DD/YYYY) _____
 Requested Cardholder Credit Limit _____

6. Cardholder Full Name _____
 Cardholder Social Security Number _____ Cardholder Date of Birth (MM/DD/YYYY) _____
 Requested Cardholder Credit Limit _____

2 Authorization to Issue Card(s): (Required)

By signing below, I request on behalf of Company that a Productivity Card be issued to each of the individuals listed above

Company Name _____

Signature of Authorizing Officer or Program Manager _____ Date _____

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