

STATE OF WYOMING-CORPORATE TRAVEL CARD

Individual Account Application (Visa Corporate)

Send Completed Applications To:
 State Auditor's Office, 122 W 25th Street Suite 400. Attn: Travel Card Manager



APPLICANT INFORMATION

| | | |
|---|-------------|---------------------------------|
| Applicant Name (First, Middle, Last) | | Email Address |
| Home Address | | Social Security Number - - |
| City/State/Zip / / | | Home Telephone Number () - |
| Employer/Agency Name /Number | | Position/Title |
| Gross Annual Income | Years There | Business Telephone Number () - |

OTHER INFORMATION

| | |
|---|--|
| <u>Other Sources of Income</u> Alimony, child support or separate Maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. | |
| <u>BILLING ADDRESS IF OTHER THAN LISTED ABOVE</u> | |
| Agency Director/Designee Approval _____ SAO Travel Card Manager Approval _____ Date _____ Date _____ | |

APPLICATION AND AGREEMENT

Applicant applies to UMB Bank, n.a., Kansas City, Missouri, or its successors or assigns ("Issuer") for an account as indicated above. If this application is accepted and credit card(s) issued, those signing below will be deemed to be in agreement with the terms and conditions accompanying the card(s) and be liable to UMB Bank, n.a., for the amounts charged on the account. If this application is accepted the Applicant acknowledges and agrees that the account may be terminated at any time by either UMB Bank, n.a., or the State of Wyoming. The Applicant, in signing this form, certifies the information given herein to be true and correct and agrees to pay all charges on such account when due. The Applicant authorizes the Issuer to obtain and verify from time to time, credit, employment, and other information relating to the undersigned and to answer questions about the Issuer's credit experience with Applicant. The Applicant acknowledges and agrees that such information may be used to establish, administer or collect the account requested by the undersigned for any legitimate purpose relating to the account. The Applicant understands that the Issuer will retain the application whether or not it is approved. Because this account is offered in conjunction with the State of Wyoming, certain information about you and your use of the account will be supplied to your employer. Additionally, applicant acknowledges this credit card is to be used "For Official Business Only". By signing below, you consent to issuer sharing information you provide on your application and information about your account with your employer. Applicant agrees that unless they write to UMB Bank, n. a., P. O. Box 64141-0389, Kansas City, Missouri 64141-0389, UMB Bank, n.a. and its affiliates may share information about the Applicant or the account for administrative purposes.

I have read the entire application, agree to its terms, and certify the information is correct.

X _____
 APPLICANT'S SIGNATURE DATE

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DISCLOSURE INFORMATION

ANNUAL PERCENTAGE RATE FOR PURCHASES

Variable; 8.0% + Prime, which currently is **12.75%**.

CREDIT LIMIT

Your credit limit will not exceed three thousand dollars (\$3,000). This limit will not be raised without approval of the State Agency head or designee.

VARIABLE RATE INFORMATION

Your Annual Percentage Rate ("APR") may vary monthly. It is determined by adding a "Margin" to the highest "Prime Rate" reported in the "Money Rates" section of *The Wall Street Journal* on the 15th day of each January, March, May, July, September, and November.

GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES

You have not less than 30 days to repay the entire balance before a Finance Charge will be imposed, if full payment of both the prior balance and the current balance shown on your Current and Previous Monthly Statements are received within 30 days after the Statement Closing Dates for such statements. The entire balance due shown on each Monthly Statement must be paid in full each month.

METHOD FOR COMPUTING THE BALANCE FOR PURCHASES

Two-cycle average daily balance (including new purchases).

ANNUAL FEE

There is no annual fee for this account.

MINIMUM FINANCE CHARGE

Fifty cents (\$.50) for any Billing Period in which a Finance Charge is due.

OTHER FEES

Late Fee: None
Cash Advance Fee: 3% (\$3 minimum, \$20 maximum)

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IMPORTANT: The information about the costs of the cards described above is accurate as of the date this document was published and made available as a downloadable file. This information may have changed after that date. To find out what may have changed, write to us at UMB Bank., n.a., Post Office Box 410436, Kansas City, Missouri 64141-0389 or email us at our website at www.umb.com.