

Corporate Resolution To Obtain Credit Card Account

The undersigned,			the Secretary of				
			("Corporation")				
a			bes hereby certify that the following				
		assed and adopted by the Board	of Directors of this Corporation, at a				
meeting duly called, or		een amended or revoked.	, 20, and such resolutions are still				
m full force and effect	and have not c	been amended of revoked.					
	RESOLVED	that any one of the following:					
TODO TODO, trial any one of the following.							
₹			<u>:</u>				
			, ————————————————————————————————————				
		zed directed and empowered to					
			(herein called "Commerce") and to				
			e may deem necessary and proper,				
including with	out limitation a	any application and agreement to	o open the Accounts.				
CHETTIED DE	ESOLVED tha	t any one of the foregoing name	d officers of this Corporation may from				
time to time re	guest Commer	ce to issue hank cards to any ner	rson in connection with any of the				
Accounts.	quest commen	be to issue built cards to any por	oon in composion with any or me				
· ·							
FURTHER RE	ESOLVED, tha	t any one of the foregoing name	d officers of this Corporation may from				
			the administration of the credit card				
		ommerce Bank Commercial Car					
			n these resolutions until written notice of				
		•	ereby granted shall apply with equal				
force and effec	t to the success	sors in office of the officers nam	ed herein.				
m	er d		1 1				
			ing below are the signature(s) of the				
officers authorized to s	sign for this coi	rporation by authority of these re	esolutions.				
SPECIMEN SIGNAT	IIDEC.						
NAME (type		TITLE (typed)	Signature				
TATAVIL (type	su)	TITEE (typod)	John Wenn				
			787000 0000				
,							
	J.						
IN WITNESS WHERE	EOF, I have he	reunto set my hand as	Secretary				
and affixed the corpora	ate seal of this	Corporation this	day of, 20				
į							
(SEAL)	SECRETARY					

BUSINESS RENTAL DIRECT BILL APPLICATION

Please contact Lisa Brady at 314-512-2432 with any questions. Send completed application to lbrady@erac.com or fax to 314-512-5328

	Secretary of the second				· · · · · · · · · · · · · · · · · · ·				
BUSINESS APPLICA	NT								
BUSINESS NAME: Warren County School District					CHECK ONE:	***	NUMBER OF	ANNUAL SALES	
					☐ CORPORATION (STA	,	EMPLOYEES 800		
WCSD - Athletic	BUSINESS NAME: [AS YOU WANT IT TO APPEAR ON ACCOUNT (UP TO 25 CHARACTERS)] WCSD — Athletics					l distri	ct	s_N/A	
BUSINESS ADDRESS (STREET ADDRESS ONLY; NO P.O. BOXES) 185 Hospital Drive				814) 723-1	6900	BUSINESS FAX	23 -0 830		
BILLING ADDRESS IF DIFFERENT FROM ABOVE					Warren		STATE PA	zip code 16365	
TIME IN BUSINESS	CURRENT OWNER	R/MANAGEMENT	TYPE OF E	BUSINESS (PRODUCT	/SERVICE OFFERED) TAX ID#				
YRS. 35 MOS. 3 YRS. 4 MOS. 3 Public School					District 76-62830-7				
FINANCIAL PROFILE									
PRIMARY BANK NAME PHONE # CHECKING ACCOUNT # 100 59 58 BALANCE \$ 5 00 7 000							LANCE \$ 5 007 600		
National City Bank (814)723-5300					LOAN ACCOUNT #				
ADDRESS: CITY, STATE, ZIP 315 Second Aue,	Jacon V	116365			BANKING OFFICER TO		PHONE #		
Does your business owe any taxes from	om prior years?	HIGGET	ur much?		Tina Dell	•	814-72	3-5333	
Is the business a party to any claim o					e there any delinquent Fl	CA or sales taxes?	PT YES DENO	How much?	
Has the business ever declared bankr		YES NO If y						THOM INDEED	
Have any principals ever declared bar	ıkruptcy?	YES XNO If y	es, when?						
ACCOUNT INFORMA	TION AND	SIGNATU	RB						
E-MAIL ADDRESS		CHOOS	E STATEM	ENT CLOSING DATE	FROM 4TH TO 26TH			LING STATEMENT	
Jack.Werner@wcsd	oa.org					John W	erner		
PLEASE CHECK THE APPROPRIATE BO SCHOOL THE APPROPRIATE BO	X FOR YOUR DIRE	CT BILL ACCOUNT	SET UP:						
Commerce Bank will notify your Prim	ary Contact Person	with the account n	number		☐ PLEASE DISTRIBUTE (**Please attach an Excel			* tholder names and credit limits	
NUMBER OF ACCOUNTS NEEDED	CREDIT LINE -	Recommendation i	is to set yo	ur credit line at 1 1/2	times your highest renta				
(N/A if applying for Ghost Account)	[] \$5,000 [\$10,000\$1	15,000 [\$20,000 \$25	5,000				
the Business requests an account be opened in the name of the Business, requests cards be issued and individual Accounts opened for the attached named employees, authorizes the receipt and exchange of credit information, agrees to be liable for all charges made to the Business's Account including unauthorized charges if 10 or more accounts are opened, except as modified by any other agreement, and agrees to be bound by the terms and conditions of the Cardholder Agreement. We reserve the right to investigate the credit history of the principals of the Business, which includes obtaining credit reports from consumer preporting agencies. The Business also represents that the card(s) issued on this account will be used for business or commercial purposes. Payment for charges on the Business account is due in full upon receipt of your billing statement; the Business may not defer these charges. J. Petter Turnquist									
PLEASE PRINT NAME AND PROVIDES	GNATURE:							VICE PRESIDENT	
PLEASE PRINT NAME AND PROVIDE SIGNATURE:					☐ TREASURER ☐ OWNER ☐ OTHER PLEASE CHECK TITLE:				
					☐ PRESIDENT ☐ VICE PRESIDENT ☐ TREASURER ☐ OWNER ☐ OTHER				
PERSONAL GUARANTY—Complete the five Personal Guaranty below if any of the following apply: * You are a Corporation with annual safe/of less than \$5 million * You have been in business for less than two years * You are a Parthership, Proprietorship of a Professional Corporation *PERSONAL GUARANTY—In consideration of the "Card Issuer" financing purchases under the Business Account pursuent to the Cardholder Agreement identified above, (as the same may hereafter be modified, extended or amended, "the Agreement"), the undersigned agrees to hereby unconditionally personally guaranty payment and performance, under the terms of the Agreement to the holder of the Agreement including any assignee. This is a guaranty of payment and not merely of collection. The undersigned agrees to pay, upon demand, any amount owed by Business to Card Issuer and due under the terms of the Agreement. Card Issuer shall not be required to initiate any action against, nor exhaust any remedies with respect to Business or any other Guarantor prior to making demand upon the undersigned Guarantor. The undersigned Guarantor hereby waives any notices regarding the Agreement or this guaranty, and agrees that this guaranty shall be applicable for long as the Agreement shall be in effect. The undersigned Guarantor hereby agrees that Card Issuer may extend the time for payment and release any other security for the agreement without affecting in any way the obligations of the undersigned Guarantor. The undersigned Guarantor waives any and all suretyship defenses.									
SIGNATURE (ABSENT TITLE)		SOCIAL SECURIT	Ύ#	HOME ADDRESS		CITY/STATE/ZIP CO	DDÉ	HOUSEHOLD MONTHLY	
SIGNATURE (ABSENT TITLE)		SOCIAL SECURIT	Υ#	HOME ADDRESS	(CITY/STATE/ZIP CO	DE	HOUSEHOLD MONTHLY	
DATE OF BIRTH (mo/day/yr)/_	<i>J</i>	IMPORTANT INF	ORMATIO	N: Our bank complies	s with the USA PATRIOT A	ACT. This law mand	lates that we ver	ify certain information about	
(Sole Proprietor only)				account application.					
CORPORATE BUSINESS DIRECT BILL DISCLOSURE									
ANNUAL FEES TRANSACTION FEES FOR PURCHASES				TRANSACTION FEE FOR CASH ADVANCES AND FEES FOR PAYING LATE OR EXCEEDING THE CREDIT LIMIT Transaction for cash educated 20 of Cash Advance (F. minimum)					
None None				-	Transaction fee for cash advances: 3% of Cash Advance (\$5 minimum) Late-payment fee: 2.5% of amount past due				
Over-the-credit limit fee: \$20									
All charges made on this charge card are due and payable when you receive your periodic statement.									
We may change the terms of your Several of these terms only apply to pu may change after this date. To receive a ffiliates. Unless you call 1-800-543-484	rchases. There may the most current ir	y be different term: nformation, call us	s for cash a toll-free at	idvances. The inform 1-800-892-7104, Co	nation about card costs d ommerce Bank may share	escribed herein are your account expe	accurate as of I	uly 2007. This information	

BUSINESS RENTAL DIRECT BILL APPLICATION

Please contact Lisa Brady at 314-512-2432 with any questions. Send completed application to lbrady@erac.com or fax to 314-512-5328

BUSINESS APPLICAL	NT			17673-2102-21		444			
BUSINESS NAME:					CHECK ONE:		NUMBER OF	ANNUAL SALES	
					CORPORATION (5	,TATE)	EMPLOYEES	ANNONE STALL	
BUSINESS NAME: [AS YOU WANT IT	TO APPEAR ON ACC	COUNT (UP TO	25 CHARA	ACTERS)]	PARTNERSHIP SOLE PROPRIETOR	R		•	
					OTHER		,	s	
BUSINESS ADDRESS (STREET ADDRES	SS ONLY; NO P.O. BC	OXES)			BUSINESS PHONE		BUSINESS FAX	(
					()		()		
BILLING ADDRESS IF DIFFERENT FROM	M ABOVE			!	CITY		STATE	ZIP CODE	
TIME IN BUSINESS (CURRENT OWNER/N	MANAGEMENT	TYPE OF	BUSINESS (PRODUCT,	T/SERVICE OFFERED)		TAX ID#	L	
	YRS. MOS.	I I	1	303011233 (1.1.2	/JENVICE OFFERDE,	!	IAA IDO		
FINANCIAL PROFILE			Lean Control		<i>x</i>				
RIMARY BANK NAME									
KIMAKT DANK INAIVIE		PHONE #	#	,				ALANCE \$	
DDRESS: CITY, STATE, ZIP	***				LOAN ACCOUNT #				
DDRESS: CITT, STATE, ZIF				1	BANKING OFFICER TO	O CONTACT	PHONE #	ŧ	
Ooes your business owe any taxes from	om orior years?	YES THO He	nw much?		<u> </u>				
the business a party to any claim or					re there any delinquent I	CICA or sales taxes?	M VEC II NO	How much?	
las the business ever declared bankru					we there any delinquent i		E 163 L 110	How much	
ave any principals ever declared bank		YES NO If ye							
CCOUNT INFORMAT									
-MAIL ADDRESS	ALL DESIGNATION OF THE PARTY OF	-		HARLEMEDA DE SELECCIONES DE SELECTORISTE					
WAIL ADDRE22		CHOOSE	£ STATEM!	ENT CLOSING DATE	E FROM 4TH TO 26TH	CONTACT PERSO	ON TO SEND BIL	LLING STATEMENT	
lease check the appropriate box I ghost account	FOR YOUR DIRECT	BILL ACCOUNT	SET UP:		C mesec Distribut	CARDS TO	c. to overe		
Commerce Bank will notify your Prima	arv Contact Person w	vith the account r	number		☐ PLEASE DISTRIBUTE CREDIT CARDS TO MY EMPLOYEES** **Please attach an Excel spreadsheet to this form listing all cardholder names and credit limits				
UMBER OF ACCOUNTS NEEDED				our credit line at 1 1/7	2 times your highest rent		OIII ISING	Molder Hurres and George	
I/A if applying for Ghost Account)	Į.				2 times your nignest rent				
	133,000	10,000	.5,000 _	\$20,000	,,000 U Otner				
nd exchange of credit information, ag ny other agreement, and agrees to be hich includes obtaining credit reports ayment for charges on the Business ac	e bound by the term: ts from consumer rep	ns and conditions porting agencies.	ns of the Ca s. The Busin	Cardholder Agreement, iness also represents th	it. We reserve the right to	to investigate the cred	dit history of the	principals of the Rusiness	
PLEASE PRINT NAME AND PROVIDE SIG	ICNIATI IRE:					r	PLEASE CHECK TI	note.	
	Jimone.				☐ PRESIDENT ☐ VICE PRESIDENT				
TILLYE AND DEONIDE SI							TREASURER [OWNER OTHER	
LEASE PRINT NAME AND PROVIDE SIC	GNATURE:						PLEASE CHECK TI	TTLE: VICE PRESIDENT	
								OWNER OTHER	
ERSONAL GUARANTY—Complete the You are a Corporation with annual sale You have been in business for less that You are a Partnership, Proprietorship of ERSONAL GUARANTY—In considera recafter be modified, extended or ame greement to the holder of the Agreem of Business to Card Issuer and due under Guarantor prior to making deman is guaranty shall be applicable for long curity for the agreement without affectivity of the agreement without affectivity for the agreement without affectivity and the second security for the agreement without affectivity and the second sec	ales of less than \$5 mi an two years or a Professional Corr ation of the "Card Iss sended, "the Agreeme ment including any as der the terms of the A and upon the undersign on as the Agreement;	million proporation ssuer" financing p nent"), the under: assignee. This is a Agreement. Card signed Guarantor. t shall be in effect	purchases uersigned agraanty a guaranty rd Issuer sha	s under the Business Ac grees to hereby uncon- y of payment and not hall not be required to dersigned Guarantor he dersigned Guarantor h	nditionally personally gua t merely of collection. Th o initiate any action agair nereby waives any notices hereby agrees that Card	uaranty payment and the undersigned agree tinst, nor exhaust any es regarding the Agree d legger may extend the	d performance, un les to pay, upon on les to pay, upon on y remedies with n eement or this gu	inder the terms of the demand, any amount owed respect to Business or any uarants and agrees that	
GNATURE (ABSENT TITLE)	Sr	SOCIAL SECURITY	Y #	HOME ADDRESS	7	CITY/STATE/ZIP CO	DE	HOUSEHOLD MONTH	
GNATURE (ABSENT TITLE)	. S	SOCIAL SECURITY	Y #	HOME ADDRESS		CITY/STATE/ZIP CO	JDE	HOUSEHOLD MONTH	
ATE OF BIRTH (mo/day/yr)/ ple Proprietor only)	<i></i>	MPORTANT INFO	ORMATION	N: Our bank complier	s with the USA PATRIOT	ACT. This law mand	Jates that we ver	rify certain information abou	
				account application.			•		
ORPORATE BUSINESS		Control of the Contro	CONTRACTOR STATE OF THE PARTY O						
ANNUAL FEES	i ka	RANSACTION FEI	ES FOR P	URCHASES		ON FEE FOR CASH A			

None		N	None		Transaction fee for cash advances: 3% of Cash Advance (\$5 minimum) Late-payment fee: 2.5% of amount past due				
		· · · · <u></u>			Over-the-credit limit fee: \$20				
charges made on this charge card are	e due and payable v	when you receive	e your peri	iodic statement.					
le may change the terms of your a everal of these terms only apply to purc ay change after this date. To receive th iiliates. Unless you call 1-800-543-4845	account agreemen rchases. There may be he most current infor	ent at any time. De different terms Dermation, call us to	e. To the e	extent allowed by I advances. The informa t 1-800-892-7104 Cor	nation about card costs of	described herein are	a accurate as of h	July 2007. This information	



Corporate Resolution To Obtain Credit Card Account

	the Secretary of				
corporation does	("Corporation") nereby certify that the following				
passed and adopted by the Board of I day of, 2 been amended or revoked.	Directors of this Corporation, at a				
, that any one of the following:					
	lish and consumts				
merce Bank, N.A. (Omaha, NE) (here ectuate this purpose which he/she may application and agreement to open	ein called "Commerce") and to y deem necessary and proper,				
at any one of the foregoing named of ree to issue bank cards to any person					
at any one of the foregoing named of inistrator to assist Commerce in the a Commerce Bank Commercial Card Ag	dministration of the credit card				
ommerce is authorized to act upon the mmerce, and that the authority hereb ssors in office of the officers named h					
t the specimen signatures appearing be the specimen signatures appearing by authority of these resolu					
TITLE (typed)	Signature				
IN WITNESS WHEREOF, I have hereunto set my hand asSecretary and affixed the corporate seal of this Corporation this day of, 20					
(SEAL) SECRETARY:					
	passed and adopted by the Board of I day of				