



Commerce Bank

Corporate Resolution To Obtain Credit Card Account

The undersigned, _____ the Secretary of

a _____ corporation, does hereby certify that the following
resolutions were duly and regularly passed and adopted by the Board of Directors of this Corporation, at a
meeting duly called, on the _____ day of _____, 20____, and such resolutions are still
in full force and effect and have not been amended or revoked.

RESOLVED, that any one of the following:

be and each hereby is authorized directed and empowered to establish credit card accounts
“(Accounts”) with the Commerce Bank, N.A. (Omaha, NE) (herein called “Commerce”) and to
execute all documents to effectuate this purpose which he/she may deem necessary and proper,
including without limitation any application and agreement to open the Accounts.

FURTHER RESOLVED, that any one of the foregoing named officers of this Corporation may from
time to time request Commerce to issue bank cards to any person in connection with any of the
Accounts.

FURTHER RESOLVED, that any one of the foregoing named officers of this Corporation may from
time to time appoint an Administrator to assist Commerce in the administration of the credit card
program as provided in the Commerce Bank Commercial Card Agreement.

FURTHER RESOLVED, Commerce is authorized to act upon these resolutions until written notice of
revocation is delivered to Commerce, and that the authority hereby granted shall apply with equal
force and effect to the successors in office of the officers named herein.

The undersigned further certifies that the specimen signatures appearing below are the signature(s) of the
officers authorized to sign for this corporation by authority of these resolutions.

SPECIMEN SIGNATURES:

NAME (typed)	TITLE (typed)	Signature
		<i>John W. [Signature]</i>

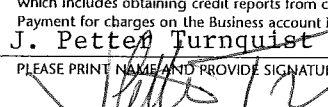
IN WITNESS WHEREOF, I have hereunto set my hand as _____ Secretary
and affixed the corporate seal of this Corporation this _____ day of _____, 20____

(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

BUSINESS APPLICANT				
BUSINESS NAME: Warren County School District		CHECK ONE: <input type="checkbox"/> CORPORATION (STATE _____) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input checked="" type="checkbox"/> OTHER school district		NUMBER OF EMPLOYEES 800
BUSINESS NAME: [AS YOU WANT IT TO APPEAR ON ACCOUNT (UP TO 25 CHARACTERS)] WCSD - Athletics		ANNUAL SALES N/A		
BUSINESS ADDRESS (STREET ADDRESS ONLY; NO P.O. BOXES) 185 Hospital Drive		BUSINESS PHONE (814) 723-6900		BUSINESS FAX (814) 723-0830
BILLING ADDRESS IF DIFFERENT FROM ABOVE		CITY Warren		STATE PA
ZIP CODE 16365				
TIME IN BUSINESS YRS. 35 MOS. 3	CURRENT OWNER/MANAGEMENT YRS. 4 MOS. 3	TYPE OF BUSINESS (PRODUCT/SERVICE OFFERED) Public School District		TAX ID# 76-62830-7
FINANCIAL PROFILE				
PRIMARY BANK NAME National City Bank		PHONE # (814) 723-5300		<input checked="" type="checkbox"/> CHECKING ACCOUNT # 1005458 BALANCE \$5,007.00
ADDRESS: CITY, STATE, ZIP 315 Second Ave, Warren, PA 16365		BANKING OFFICER TO CONTACT Tina Dell		PHONE # 814-723-5333
Does your business owe any taxes from prior years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO How much? _____ Is the business a party to any claim or lawsuit? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO How much? _____ Are there any delinquent FICA or sales taxes? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO How much? _____ Has the business ever declared bankruptcy? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, when? _____ Have any principals ever declared bankruptcy? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, when? _____				
ACCOUNT INFORMATION AND SIGNATURE				
E-MAIL ADDRESS Jack.Werner@wcSDpa.org		CHOOSE STATEMENT CLOSING DATE FROM 4TH TO 26TH		CONTACT PERSON TO SEND BILLING STATEMENT John Werner
PLEASE CHECK THE APPROPRIATE BOX FOR YOUR DIRECT BILL ACCOUNT SET UP: <input checked="" type="checkbox"/> GHOST ACCOUNT Commerce Bank will notify your Primary Contact Person with the account number <input type="checkbox"/> PLEASE DISTRIBUTE CREDIT CARDS TO MY EMPLOYEES** **Please attach an Excel spreadsheet to this form listing all cardholder names and credit limits				
NUMBER OF ACCOUNTS NEEDED (N/A if applying for Ghost Account)		CREDIT LINE - Recommendation is to set your credit line at 1 1/2 times your highest rental month <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____		
OUR AGREEMENT —This application must be signed by the authorized officers, partners, owners or the proprietor of the Business to open the Business's Account. By signing this application, 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 reporting 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.				
PLEASE PRINT NAME AND PROVIDE SIGNATURE: 		PLEASE CHECK TITLE: <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> TREASURER <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER		
PLEASE PRINT NAME AND PROVIDE SIGNATURE:		PLEASE CHECK TITLE: <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> TREASURER <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER		
PERSONAL GUARANTY —Complete the Personal Guaranty below if any of the following apply: * You are a Corporation with annual sales of less than \$5 million * You have been in business for less than two years * You are a Partnership, Proprietorship or a Professional Corporation PERSONAL GUARANTY —In consideration of the "Card Issuer" financing purchases under the Business Account pursuant 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 SECURITY #		HOME ADDRESS
SIGNATURE (ABSENT TITLE)		SOCIAL SECURITY #		HOME ADDRESS
CITY/STATE/ZIP CODE		HOUSEHOLD MONTHLY INCOME		
DATE OF BIRTH (mo/day/yr) ____/____/____ (Sole Proprietor only)		IMPORTANT INFORMATION: Our bank complies with the USA PATRIOT ACT. This law mandates that we verify certain information about you while processing your 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
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 account agreement at any time. To the extent allowed by law the new terms will affect all outstanding balances. Several of these terms only apply to purchases. There may be different terms for cash advances. The information about card costs described herein are accurate as of July 2007. This information may change after this date. To receive the most current information, call us toll-free at 1-800-892-7104. Commerce Bank may share your account experience and transaction information with its affiliates. Unless you call 1-800-543-4845, you agree that Commerce Bank and its affiliates may also share other information about your account.				

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BUSINESS APPLICANT				
BUSINESS NAME:		CHECK ONE: <input type="checkbox"/> CORPORATION (STATE _____) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER _____		NUMBER OF EMPLOYEES
BUSINESS NAME: [AS YOU WANT IT TO APPEAR ON ACCOUNT (UP TO 25 CHARACTERS)]				ANNUAL SALES \$ _____
BUSINESS ADDRESS (STREET ADDRESS ONLY; NO P.O. BOXES)		BUSINESS PHONE () -		BUSINESS FAX () -
BILLING ADDRESS IF DIFFERENT FROM ABOVE		CITY		STATE ZIP CODE
TIME IN BUSINESS YRS. MOS.	CURRENT OWNER/MANAGEMENT YRS. MOS.	TYPE OF BUSINESS (PRODUCT/SERVICE OFFERED)		TAX ID#
FINANCIAL PROFILE				
PRIMARY BANK NAME		PHONE #		<input type="checkbox"/> CHECKING ACCOUNT # _____ BALANCE \$ _____ <input type="checkbox"/> LOAN ACCOUNT # _____
ADDRESS: CITY, STATE, ZIP		BANKING OFFICER TO CONTACT		PHONE #
Does your business owe any taxes from prior years? <input type="checkbox"/> YES <input type="checkbox"/> NO How much? _____				
Is the business a party to any claim or lawsuit? <input type="checkbox"/> YES <input type="checkbox"/> NO How much? _____ Are there any delinquent FICA or sales taxes? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO How much? _____				
Has the business ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____				
Have any principals ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____				
ACCOUNT INFORMATION AND SIGNATURE				
E-MAIL ADDRESS		CHOOSE STATEMENT CLOSING DATE FROM 4TH TO 26TH		CONTACT PERSON TO SEND BILLING STATEMENT
PLEASE CHECK THE APPROPRIATE BOX FOR YOUR DIRECT BILL ACCOUNT SET UP: <input type="checkbox"/> GHOST ACCOUNT <input type="checkbox"/> PLEASE DISTRIBUTE CREDIT CARDS TO MY EMPLOYEES** <i>Commerce Bank will notify your Primary Contact Person with the account number</i> <i>**Please attach an Excel spreadsheet to this form listing all cardholder names and credit limits</i>				
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program as provided in the Commerce Bank Commercial Card Agreement.

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revocation is delivered to Commerce, and that the authority hereby granted shall apply with equal
force and effect to the successors in office of the officers named herein.

The undersigned further certifies that the specimen signatures appearing below are the signature(s) of the
officers authorized to sign for this corporation by authority of these resolutions.

SPECIMEN SIGNATURES:

NAME (typed)	TITLE (typed)	Signature

IN WITNESS WHEREOF, I have hereunto set my hand as _____ Secretary
and affixed the corporate seal of this Corporation this _____ day of _____, 20____

(SEAL)

SECRETARY: _____