The cards of choice for Alberta Business

At ATB Financial, we want to be Alberta's first choice for financial services. Our Business MasterCard products are designed to meet the unique needs of Alberta businesses and agriculture operations. Whether you are looking for the purchasing power to carry out your business activities, a low personalized interest rate or rewards we have the right credit card for you and your business.

Call: 1-888-282-5678 Fax: 1-877-541-4206 or apply online at www.atb.com

Apply today for your ATB Business MasterCard and get the card working for your business!





Manage & Reward your business

Please read the information below carefully². Additional information on interest, annual fees (if any) and other fees will be sent along with your Cardholder Agreement.

Transaction Fees

| Type of fee (applies to each individual transaction made) | Amount |
|--|---------|
| Cash Advance from an automated banking machine ("ABM") in Canada | \$2.50 |
| Cash Advance from an ABM outside Canada | \$5.00 |
| Over the counter cash advances in Canada | \$5.00 |
| Over the counter cash advances outside Canada | \$7.50 |
| Foreign currency conversion ³ | 2.90% |
| Foreign currency ATB MasterCard Cheque ³ | \$7.50 |
| Sales Slip Copy | \$5.00 |
| Statement Copy | \$10.00 |
| Cheque Copy | \$10.00 |
| Over limit fee ⁴ | \$30.00 |
| NSF fee | \$40.00 |
| Rush Replacement Card | \$29.00 |
| Credit Bureau Searches (not applicable for new application) | \$15.00 |
| Credit Balance Inactivity Fee ⁵ | \$25.00 |

- Each fee will be posted to your Card Account on or about the date of the applicable transaction to which it relates.
- 2 The information and rates displayed are correct as of 03/13 (mm/yy) and are subject to change in accordance with the Cardholder Agreement. For complete information please call toll free 1-888-282-5678.
- 3 This fee applies to both debits and credits.
- 4 If we permit the Credit Limit to be exceeded, the fee will be charged on each statement in which your balance exceeds your Credit Limit.
- 5 \$25.00 or full credit balance, which ever is less, after 12 months of no activity on the Card Account with a credit balance.
- 6 ATB Prime Rate means: the annual rate of interest announced by us from time to time as our Canadian dollar Prime Lending Rate. Our Canadian dollar Prime Lending Rate may be obtained at any time from our website at www.atb.com. Any change in the ATB Prime Rate will cause a corresponding change in the annual interest rate applicable to the Card Account, effective on the first day of the billing period during which the change in the ATB Prime Rate occurs.

Annual Fees

| Card name | Annual interest rate Purchases, Fees and Cash Advances | Grace period | Annual fee |
|---|---|--------------|--|
| Alberta Gold Rewards BusinessCard Alberta Gold Ag-Rewards BusinessCard | Standard Rate: 18.90% Default Rate: 22.90% | 21 days | First Cardholder: \$99 Additional Cardholder: \$49 |
| Alberta BusinessCard Alberta Agri-Industry BusinessCard | Variable rate based upon ATB Prime Rate ⁶ as disclosed on your Card Carrier | 21 days | First Cardholder: \$65 (for credit limits \$50,000 or less); \$130 (for credit limits greater than \$50,000) Additional Cardholder: \$35 |

The annual interest rates that will apply to your Card Account depend upon which card you receive, as set out above. The above are our current annual interest rates; on the day the Card Account is opened, our then-current rates will apply. Annual Interest Rates for Alberta BusinessCard and Alberta Gold Rewards BusinessCard MasterCard: for the Alberta Gold Rewards BusinessCard, applicable annual interest rate is based upon the payment history in connection with the Card Account and will be determined as described below:

- (a) The Standard Rate set out above that applies to the card you receive will be the initial annual interest rate. The Standard Rate will apply for the entire billing period for a statement if you always pay at least the minimum balance due for each statement on or before the payment due date for that statement;
- (b) At any time the Standard Rate applies, you will lose the benefit of the Standard Rate if, for two consecutive billing periods, you fail to pay at least the minimum balance due for each particular statement on or before the respective payment due date for each statement, in which case, the applicable annual interest rate will be increased, effective from (and including) the first day of the next billing period following such second consecutive billing period, to the Default Rate set out above that applies to the card you receive;
- (c) At any time the Default Rate applies, the Default Rate will continue to apply until, for three consecutive billing periods, you pay at least the minimum balance due for each statement on or before the respective payment due date for each statement, in which case, the applicable annual interest rate will be decreased, effective from (and including) the first day of the next billing period following such payment, to the Standard Rate set out above.

ATB Business[™]

ATB Financial Business MasterCard° application form

For use by customers with total business lending requests of **no more than \$25,000** (otherwise please contact your nearest branch).

To apply, call 1-888-282-5678, or fill out this application and mail to PO Box 2380 STN M, Calgary, AB, T2P 9Z9, or fax to 1-877-541-4206, or visit atb.com

Business BP# _____

Transit# _____ PMI# ____

Personal BP# ____

Which card would you like to apply for?

Alberta BusinessCard MasterCard® O Alberta Agri-Industry BusinessCard MasterCard® Alberta Gold Rewards BusinessCard MasterCard® O Alberta Gold Ag-Rewards BusinessCard MasterCard®

| Tell us about the busines | s owner | s (the "ow | ner") | | | | | | | | | |
|---|--|--------------|------------|---|--|--|---|---------------------------------|-----------------------|--------------|----------|------------------------|
| If more than one Business Owr | ner is appl | ying for the | MasterCa | ard | please complete a separa | ite app | lication | for ead | h ad | ditional owr | her | |
| First Name (please print) | | | Initial(| itial(s) Last Name (please print) | | | | Date of Birth S.I.N. (optional) | | | ptional) | |
| Home Address | | | • | | | | City/T | own | | | Province | Postal Code |
| Physical Address (if home address is Box #) | | | | City/Town Province P | | | Postal Code How Long at Curren M M D D Y Y | | g at Current Address? | | | |
| Previous Address (if less than 2 | 2 years at c | urrent addre | ess) | Cit | zy/Town | | Provin | ce P | ostal | Code | How Lon | g at Previous Address? |
| Home Phone | Home Phone Other Phone Personal Em | | | | | nail (op | otiona | l) | | | | |
| Tell us about the owner's | s person | al finance | s | | | | | | | | | |
| ATB Personal Customer? O Yes O No If Yes, ATB Personal Custome | | | omer # | Which services do you have? O Savings O Chequing O Loans O Oth | | | | | | | | |
| O Own O Rent O Live with Relative O Other Monthly Rent/Mortgage | | | | Cash & Investments | | | | | | | | |
| Gross personal annual income | e claimed o | on income ta | ax return | 15 | | | | | | | | |
| Tell us about the busines | ss (the "l | Business") | | | | | | | | | | |
| ATB Business Customer? O Yes O No If Yes, ATB Business Customer # | | | | | | Which ser O Savings | | ou have? uing OLoans OOther | | | | |
| Legal Name of Business (name of individual unless a corporation or partnership) How long in M M | | | | | ong in b M M Y | in business? % Owned | | | | | | |
| Business Operating Name (to a | appear on | the MasterC | ard, if di | ffere | ent from above – Maximu | im 21 | Bus | siness E | mail | (optional) | | |
| Business Address/Physical Address City/ | | | City/Town | | Province Postal Code Business Pho | | | ess Phone Number | | | | |
| Address to send statements O Home O Business | | | | | Type of Business (check one only) O Sole Proprietorship O Partnership O Corporation | | | | p O Corporation | | | |
| Authorized Business Contact | Authorized Business Contact Password (mandatory/max 8 characte | | | | | ters) Business Credit Limit requested (\$25,000 max) | | | | | | |

Gross **business** annual income claimed on tax return

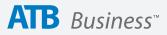
| Tell us about the owner's other Employment (If Applicable) | | | | | | | |
|--|------------|-----------------------|---------------------|--|--|--|--|
| Employer's Name | Occupation | Business Phone Number | How Long M M Y Y | | | | |
| - D: - I | | | | | | | |

Disclosure

In this application, "You" and "Your" and "Owner" refer to the First Borrower and Secondary Borrower/Spouse, if applicable, listed on this application and if more than two (2) Owners are applying, any additional First Borrower(s) and Secondary Borrower(s)/Spouse(s) listed on additional applications submitted.

| Have you or your Business ever been party to any claim or lawsuit? | Have you or your Business ever been in receivership? |
|--|--|
| \bigcirc Yes \bigcirc No | O Yes O No |
| Have you or your Business ever declared bankruptcy? | Are you or your Business non-compliant with any environmental regulations? |
| \bigodot Yes \bigcirc No | \bigodot Yes \bigcirc No |
| Do you or your Business currently owe any back taxes? \bigodot Yes \bigcirc No | Do you or your Business guarantee the loans or financial commitments of anyone? If yes, how much? O Yes O No \$ |

BUSINESS ACCOUNTS I CASH FLOW I FINANCING I KNOW-HOW



Additional company information

Below, please insert the name and other information for each individual that owns 25% or more of the Business and if the Business is a corporation, insert the name and occupation of each director.

Business owner / Beneficial owner / Shareholder

Name

Address

Occupation

% Owned / Controlled

% Owned / Controlled

Business owner / Beneficial owner / Shareholder

Name

Address

Occupation

Directors

Name

Occupation

Name

Occupation

Tell us who in your business requires a card

Please identify each person who will be issued a Card below and, if you want the Card Account set up on a restricted basis, enter the Card Limit and Cash Advance Limit for each Card. If no Limits are entered the Card Account will be set up on an unrestricted basis and, all Cardholders will have full access to the Authorized Business Credit Limit on the Card Account. (Note Cash Advance Limit cannot exceed the lesser of the Business Credit Limit or any applicable Card Limit). If you are applying to have cards its sued to Additional Cardholders, then the Owner and the Business hereby certify that they have received the consent of each individual named below to their personal information being provided to ATB, which information will be used and retained by ATB to comply with legislative requirements.

Enter card/Cash limits below:

First cardholder (name to appear on card) First Name, Initial, Last Name

Address

| City | Postal Code |
|--|---|
| Phone Number | Date of Birth (MM/DD/YYYY) |
| Card Limit | Cash Advance Limit (Optional) |
| Secondary cardholder (name to appear on card) First Name, Initial, Last Name | |
| | |
| Address | |
| Address City | Postal Code |
| | Postal Code Date of Birth (MM/DD/YYYY) |

Optional life protection insurance

Do you, the Owner, want to apply for Life Protection Insurance if you should die or suffer loss through no fault of your own? To enroll or if you would like additional information please call us at 1-888-282-5678.

Agreement and signature

Terms and Conditions

The Business and each Owner listed on each application submitted:

- request that an Alberta BusinessCard MasterCard ("Card") Account be opened for the Business and that a Card be issued to the Business and/or Owner in the name of each Owner and Additional Cardholder listed in the section entitled "TELL US WHO IN YOUR BUSINESS REQUIRES A CARD;
- certify that all information provided by the Business and/or Owner to Alberta Treasury Branches ("ATB") is true and correct, and acknowledge that ATB is relying on this information in extending credit and issuing each Card;
- c. agree to be bound by the terms of the ATB MasterCard Cardholder Agreement ("Agreement") to be sent by ATB to the Business and/or Owner with the Card(s), and agree that any use of any Card will show acceptance of the terms and conditions of the Agreement;
- d. agree that ATB, or its agent, may collect and use personal and financial information about the Business and/or each Owner to promote ATB's services to the Business and/or Owner(s);
- e. consent to ATB now or in the future, obtaining and using credit and other information about the Business and/or Owner(s) from any source and ATB may disclose any of this information at any time to any credit bureau, or reporting agencies, any person who has or may have financial dealings with ATB or any

lender, in connection with any relationships between ATB and the Business and/or Owner(s) or those which ATB may wish to establish;

- f. acknowledge that each individual who knows the password will be given information concerning the Card Account and be authorized to complete nonfinancial account changes whether or not they are an Owner;
- g. certify that the Business has the authority to complete this application and enter into this Agreement as evidenced by the signatures of the Owner(s) below;
- acknowledge and agree that the terms and conditions of the Agreement are expressly incorporated herein;
- agree that the Business and/or Owner will be liable jointly and severally for any and all indebtedness to ATB arising pursuant to the Agreement and through all amounts charged to the CardAccount;
- j. agree that the First Borrower and the Secondary Borrower/Spouse listed on this application and each additional First Borrower and Secondary Borrower/Spouse listed on any additional applications submitted will be an Owner for the purposes of the Agreement.
- k. agree that this application may be signed and transmitted by facsimile and, in such case, will be deemed to be validly executed and as effective as if signed and delivered as an original document.

Note: Please ensure application is signed twice, once in the Signature of Business area and once in the Signature of Owner area.

Signature of Business (Required):

(each officer of the Business signing below declares that he/she is authorized to sign on behalf of and bind the Business)

| Date | | | | | | |
|--|---|--|--|--|--|--|
| | Signature of Second Owner (if Applicable): | | | | | |
| Date | Signature | Date | | | | |
| <mark>for you</mark> າ. | | | | | | |
| month (select | one) | | | | | |
| O Minimum Payment Due (3% of your account Balance – Alberta BusinessCard, Alberta Gold Rewards BusinessCard, Alberta Gold Ag-Rewards BusinessCard; 1% of your account balance – Agri-Industry BusinessCard or \$10, whichever greater). O Full Balance Due | | n the outstanding balance, then only Il be deducted from your account. If ie in a particular month is greater than submit the difference by the due date. | | | | |
| B records:* | funds from the account. MasterCard* is a registered trademark Branches is a licensed user of the regist International Inc. | | | | | |
| | | | | | | |
| | Date for you month (select ard, Alberta wards -Industry | Signature of Second Owner (if Application Date Signature for you n. O Pre-Set Fixed Amount of \$00. (min. \$100.00) fard, Alberta vards -Industry If this amount is greater that the outstanding balance will your minimum payment du the pre-set amount, you must "Note: If this is a joint account, I certify funds from the account. MasterCard Tis a registered trademark Branches is a licensed user of the registinternational Inc. MasterCard Tis a registered trademark are tra | | | | |





