

Must be completed in full and signed by authorizing officer to be processed.

FAX FORM TO 1-800-771-2236

Questions? Call 1-800-352-2953

Company's Full Legal Name: (hereinafter "Applicant")	SS # or FED TAX ID # (required):
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Preferred Abbreviation to be embossed on card (Limit 20 Spaces):

Street Address:	Billing Address: <i>(If different)</i>
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City, State:	Zip:	Attention of:
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Area Code--Telephone Number:	Area Code--Fax Number:	City, State:	Zip:
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Years Under Current Ownership: _____

Type of Business: Proprietorship Partnership Corporation
 Non-profit Sub-S Corporation Other

Anticipated Monthly Billing: \$	Anticipated Annual Billing (Total for Company): \$
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PARENT CO./HOME OFFICE NAME: *(If different from above)*

Street:	City:	State:	Zip:	Area Code--Telephone Number: ()
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BANK REFERENCE

Name of Bank:	Address:
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Area Code--Telephone Number:
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ACCOUNT SETUP INFORMATION

Please fill out section below for each cardholder: _____ Total number of cards requested: _____

Cardholder Name:	Social Security Number:	Individual Credit Limit:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(Attach additional pages, if necessary.)

TRADE REFERENCES

Name:	Address:	Area Code--Telephone Number:	Account Number:
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZED SIGNATURES

All names listed below are authorized to make any cardholder changes, including but not limited to spending limit increases and cash advance increases.

(1) Printed Name: _____ Signature: _____

Title: _____

(2) Printed Name: _____ Signature: _____

Title: _____ (Please attach additional pages, if necessary.)

The BUS AIR Business Card is a program of Associates Capital Bank, Inc. d/b/a Associates Capital Bank.

Please read carefully: By signing this application, Applicant requests that a Bus Air Business Card Account ("Account") be opened and card(s) issued as indicated. Applicant authorizes Associates Capital Bank, Inc. d/b/a Associates Capital Bank to contact the bank reference(s) listed above, and authorizes such bank(s) to disclose financial information as requested by Associates Capital Bank. Applicant represents that the information which it has given to Associates Capital Bank regarding its financial condition is complete and correct, that it has no present intention to file for bankruptcy, and that it will notify Associates Capital Bank of any material adverse change in its financial condition. Associates Capital Bank may use information about Applicant for other business purposes, including sharing information with affiliated companies. Applicant understands that the terms and conditions of the Account shall be governed by the Cardholder Agreement and this application, and agrees to be bound by all of the terms and conditions contained therein. Applicant represents and warrants that the person signing below is duly authorized to execute and enter into this application and agrees to be bound by the terms and conditions contained herein. Furthermore, Applicant authorizes Associates Capital Bank to periodically request, receive, and exchange references and data pertinent to its creditworthiness.

Individually As Sole Proprietor or Authorizing Officer (Signature)	(Printed Name)	(Title)	(Date)
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Authorizing Officers of Proprietorships, Partnerships, and Sub-S Corporations Must Sign Both Sections for Applications to be Processed

Personal Guaranty: In consideration of the issuance of this Bus Air Business Card Account ("Account") and the extension of credit thereunder, I, the undersigned, hereby personally and unconditionally guarantee payment and performance, including but not limited to all fees and interest, for any Account established pursuant to this application and/or any extension, renewal, or forbearance of said Account, to Associates Capital Bank, Inc. d/b/a Associates Capital Bank and its successors and assigns (collectively referred to herein as "ACB"). I understand and agree that this guaranty is absolute and irrevocable, may be assigned only by ACB at ACB's sole discretion, and that ACB may alter, accelerate, extend, and/or change the terms of this Account without notice to me, the guarantor. I hereby waive every notice regarding this Account and/or this guaranty and agree that ACB may delay or forebear exercising any of its rights without such delay or forbearance constituting a waiver of that or any other right. I agree that this guaranty will be governed by Utah law and I hereby authorize ACB to periodically request, receive, and exchange data pertinent to my personal creditworthiness.

(Guarantor's Signature)	(Guarantor's Printed Name)	(Social Security Number)	(Date)
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