



Company Information

Company name as it will appear on the cards (limit 25 characters):

Company legal name (if different from above):

Company Tax ID:

Total Company Credit Limit:

Company physical address:

City:

State:

ZIP:

Mailing address (check if same as above):

City:

State:

ZIP:

Company Phone:

Business Type:

Years in Business:

Company Fax:

Services Offered:

Gross Annual Revenue:

Current Accounts Payable/ERP System:

Current Expense Management System:

T&E (Travel & Entertainment)

Payables

TOTAL Monthly Spend

Expected Monthly Card Program Spending: +

=

Program Administrators & Online Profiles

Program Administrators (Admins) shall be granted access to all company data by default. Please complete the Commercial Card Online Access Request Form to establish unique permissions and to request additional Admins.

Program Administrator #1 Name:

Title:

E-mail Address:

Phone:

Admin approved to conduct maintenance on behalf of Company.

Verification Code (4 digit)¹:

Online Management Profile Type:

Program Administrator #2 Name:

Title:

E-mail Address:

Phone:

Admin approved to conduct maintenance on behalf of Company.

Verification Code (4 digit)¹:

Online Management Profile Type:

Billing & Statement Preferences

Statement Cycle Preference:

Billing Preference:

Paper Statements:

Auto-Payment Preference: *Note: For Central Billing Only. Individual Auto-Payment set up available to Program Administrators through the Commercial Card Online Management website, or by Individual Cardholders through their Commercial Cardholder Login on umpquabank.com. Any returned/rejected payments will result in termination of the auto-payment option and may result in a past due account balance.*

Effective a specific calendar day each month:



Umpqua Bank

Bank Routing #:

Payment Acct #:



Bank
Name:

Bank Routing #:

Payment Acct #:

¹ Verification Code: A 4 digit code used by our Customer Service and Fraud teams to verify they are speaking with the company's Program Administrator



Company Information *(from page 1)*

Company name as it will appear on the card (limit 25 characters):

Company legal name (if different from above):

Commercial Card Program Authorization

Umpqua will provide the requested service to the above-named Company ("Customer") in accordance with the following:

The terms of this Commercial Card Company Application ("Application") include and incorporate by reference the Commercial Card Account Agreement, published on Umpqua's website at <https://www.umpquabank.com/disclosures/> and are also available upon Customer's request. Unless otherwise designated below, all individual cardholders will have the ability to provision their Commercial Card into a digital wallet:

Allow designated individual cardholders digital wallet access only upon written authorization to Umpqua by Program Administrators.

Do not allow any Commercial Cards to be provisioned into digital wallets.

By signing below, Customer acknowledges that Customer has read and agrees to be bound by the Application, including any attachments, user documentation, and the Commercial Card Account Agreement, including Umpqua's Commercial Card pricing information, incorporated therein, as amended from time to time by Umpqua upon notice to Customer as provided therein. The undersigned represents and warrants that he or she has been authorized by Customer to execute and deliver this Application on Customer's behalf and thereby bind Customer to this Application and the Commercial Card Account Agreement. Acceptance of this Application by Umpqua is subject to Umpqua's evaluation and approval hereof, and the execution and delivery hereof if it is approved by Umpqua.

PRINT AUTHORIZED SIGNER NAME

TITLE

SIGNATURE OF AUTHORIZED SIGNER

DATE

MUST BE AUTHORIZED TO SIGN ON BEHALF OF THE COMPANY

Equal Credit Opportunity Act *(Regulation B)*

APPLICATION NOTICE: If for any reason, we are unable to provide you with the desired financing you are seeking, we will notify you promptly of the reason(s) related to this outcome. If you would like us to follow with a written notification of these reasons within 30 days, please contact us at: Umpqua Bank, 1 SW Columbia, Suite 1400, Portland, OR 97258 with a request within 60 days of the notification. The Federal Equal Credit Opportunity Act prohibits creditors from Discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Internal Use Only

Commercial Associate:

Associate #:

CBC # _____ CCC Initials: _____

Treasury Management Associate:

Associate #:

Date Received **(REQUIRED)**: