

# STATE OF KANSAS

## TRAVEL CARD PROGRAM Individual Account Application

### Visa Business Travel Account



Important: Cardholder is liable to pay UMB for the amounts charged on the Travel Card

#### APPLICANT INFORMATION

|   |             |                                    |               |
|---|-------------|------------------------------------|---------------|
| Applicant Name<br>(first, middle, last) |             | Email Address                      |               |
| Home Address                            |             | Social Security Number             | Date of Birth |
| City/State/Zip                          |             | Home Telephone Number (      )     |               |
| Employer /Agency/Department Name        |             | Position/Title                     | Agency #      |
| Gross Annual Income                     | Years There | Business Telephone Number (      ) |               |

#### OTHER INFORMATION

|   |   |  |  |
|---|---|--|--|
| Other Sources of Income<br>Alimony, child support or separate<br>Maintenance need not be revealed if you do<br>not wish to have it considered as a basis for<br>repaying this obligation. |   |  |  |
| <u>BILLING ADDRESS IF<br/>OTHER THAN LISTED<br/>ABOVE</u>   |   |  |  |
| Estimated monthly spending<br>\$  | <ul style="list-style-type: none"> <li>• <b>A Kansas Business Travel Card account may be terminated at anytime by UMB, Kansas Division of Purchases, or the agency</b></li> </ul> |  |  |
| AUTHORIZED APPROVAL _____   |   |  |  |

#### APPLICATION AND AGREEMENT

Applicant applies to UMB Bank, n.a., Kansas City, Missouri, or its successors or assigns ("Issuer") for an account as indicated above. If this application is accepted and credit card(s) issued, those signing above will be deemed to be in agreement with the terms and conditions accompanying the card(s). The Applicant in signing this form, certifies the information given herein to be true and correct and agrees to pay all charges on such account when due. The Applicant authorizes the Issuer to obtain and verify from time to time, credit, employment, and other information relating to the undersigned and to answer questions about the Issuer's credit experience with Applicant. The Applicant acknowledges and agrees that such information may be used to establish, administer or collect the account requested by the undersigned for any legitimate purpose relating to the account. The Applicant understands that the Issuer will retain the application whether or not it is approved. Because this account is offered in conjunction with the applicant's employer **State of Kansas Business Travel Card Program**, certain information about you and your use of the account will be supplied to your employer and authorized representatives for administrative purposes. By signing below, you consent to Issuer sharing information you provide on your application and information about your account with your employer and its' representatives for administrative purposes. **Applicant agrees that unless they write to UMB Bank, n.a. at 928 Grand Boulevard, Suite 501, Kansas City, Missouri 64106, and request that information not be shared by UMB, n.a. and its affiliates may share information about the Applicant or the account for administrative purposes.**

I have read the entire application, agree to its terms, and certify the information is correct.

**X**

APPLICANT'S SIGNATURE

DATE

Send Completed Applications to:

State of Kansas Business Travel Card Coordinator, Procurement and Contracts 800 SW Jackson, Suite 600 Topeka, KS 66612-1216

03/2013

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**DISCLOSURE INFORMATION**

**ANNUAL PERCENTAGE RATE FOR PURCHASES**

Variable; 8.0% + Prime, which currently equals **13.25%**.

**VARIABLE RATE INFORMATION**

Your Annual Percentage Rate ("APR") may vary monthly. It is determined by adding a "Margin" to the highest "Prime Rate" reported in the "Money Rates" section of *The Wall Street Journal* on the 15<sup>th</sup> day of each January, March, May, July, September, and November.

**GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES**

You have not less than 45 days to repay the entire balance before a Finance Charge will be imposed, if full payment of both the prior balance and the current balance shown on your Current and Previous Monthly Statements are received within 45 days after the Statement Closing Dates for such statements. The entire balance due shown on each Monthly Statement must be paid in full each month.

**METHOD FOR COMPUTING THE BALANCE FOR PURCHASES**

Two-cycle average daily balance (including new purchases).

**ANNUAL FEE**

There is no annual fee for this account.

**MINIMUM FINANCE CHARGE**

Fifty cents (\$.50) for any Billing Period in which a Finance Charge is due.

**OTHER FEES**

Late Fee: None  
Cash Advance Fee: 3% of cash advance (\$10 minimum, no maximum)

**IMPORTANT:** The information about the costs of the cards described above is accurate as of August 1st, 2012, the date this document was published and made available as a downloadable file. This information may have changed after that date. To find out what may have changed, write to us at UMB Bank, n.a. at 928 Grand Boulevard, Suite 501, Kansas City, Missouri 64106 or email us at our commercialcard website at [www.umb.com](http://www.umb.com).

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