

Welcome to CSB

You'll find the terms of your credit card here. It's a contract that starts as soon as you sign or use the card. Questions? Please call us at 800.654.9015.

You may use your card for the following types of charges: purchases, cash advances, or balance transfers. Each type of charge may have its own balance. Each balance may have a separate interest rate.

What are the charges?

Annual Percentage Rate (APR) for Purchases:	Prime rate plus a margin of 7.74%
Interest Rate on Cash Advances:	Prime rate plus a margin of 12.74%
Late Payment Fee:	\$25

Your APRs will vary with the market based on the Prime Rate, except for the balance transfer APR. The Prime Rate is the highest bank prime loan rate as published by the Wall Street Journal in its Money Rates Section on the 15th day (or the next business day if the 15th is not a business day) of the calendar month preceding the first day of the billing period. If the Periodic Rate(s) and corresponding Annual Percentage Rate(s) increase, your interest charges will increase and your minimum payment may be greater. Your Purchase APR will equal the Prime Rate plus a margin of 7.74% and your Cash Advance APR will equal the Prime Rate plus a margin of 12.74%.

What do I have to pay and when?

We will send your bill to the address on file. You agree to pay all authorized charges on the bill, including interest and fees. You agree to pay us for charges that we allow over your credit limits. You must pay at least the minimum payment by the due date stated on each bill. Your minimum payment will be 10% of your outstanding balance plus any applicable fees, or \$35, whichever is greater.

We choose which balances to pay with the minimum payment. We apply payments above the minimum to balances with the highest APRs first.

You must pay in U.S. dollars, without restrictive terms, and according to all the other standard payment instructions. Mailed payments should be sent to The Commercial & Savings Bank, P.O. Box 232, Millersburg, OH 44654.

How is interest calculated?

We calculate interest using the daily balance method with compounding. This means that interest compounds daily.

We will not charge you interest on purchases if you pay your full account balance by the due date each month. This is called a grace period. If you do not take advantage of the grace period, we will charge interest starting the day you make a purchase. If you do not pay your full account balance on time in any month you will lose your grace period until you pay your full account balance. You pay interest on cash advances or balance transfers from date of the transaction.

What if I pay late?

If you don't pay at least the minimum payment by the due date, you'll be charged a late payment fee of \$25. In addition, if your account remains past due more than ten days, your account may be suspended until payment is made. Your account will be in default and may be subject to interest rate increases.

Dishonored Item Fee: If you make a payment via check or pre-authorized charge, which is dishonored due to insufficient funds, you will be charged a \$32 dishonored item fee.

COMMERCIAL CREDIT APPLICATION DISCLOSURE

Adverse Action Notification:

If your application is denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement, please contact the Bank within 60 days from the date you are notified of our decision:

The Commercial & Savings Bank
ATTN: Commercial Loan Department
P. O. Box 232
Millersburg, OH 44654

We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Equal Credit Opportunity Notice:

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:

The Federal Reserve Consumer Help
P.O. Box 1200
Minneapolis, MN 55480

Our credit decision on your application was based in whole or in part on information obtained in a report from the consumer reporting agency listed below. Under the Fair Credit Reporting Act, you have the right to know the information contained in your credit file at the consumer reporting agency. The reporting agency played no part in our decision and is unable to supply specific reasons why we have denied credit to you. You also have a right to a free copy of your report from the reporting agency, if you request it no later than sixty (60) days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency:

TransUnion
2 Baldwin Place
P.O. Box 1000
Chester, PA 19022
(800) 888.4213

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 or beneficial owner of a legal entity who opens an account. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

What this means for you: When you open an account or change an existing account, we will ask for your name, address, date of birth, and other information that will allow us to identify you and all beneficial owners. We will also ask to see your photo identification or other identifying documents.

The Commercial & Savings Bank | www.csb1.com | 800.654.9015 | 330.674.9015

HIGH TOUCH BUSINESS CREDIT CARD REBATE PROGRAM

This agreement is an amendment to the current Agreements made applicable to the Company's Business Credit Card account. All provisions of the applicable Agreements remain in full force and effect.

Cash Rebate Offer Details:

You will earn a Cash Back rebate for each \$1 spent payable to you yearly within 30 days of the calendar year-end (Rebate Period) based on the net purchases or purchases minus any credits or returns only. Cash advances, balance transfers, and checks used to access your account are not considered purchases and will not earn rebates. Cash Back rebates will be paid according to Exhibit "A" as shown below. The Commercial & Savings Bank reserves the right to change these rates at any time with 30 days advance notice.

Effects of Account Cancellation, Suspension, or Default:

If you choose to suspend or cancel your account in the middle of a Rebate Period, a rebate shall be paid to the Company based off of the purchasing volumes completed in the Rebate Period utilizing the current rebate schedule. Pro-rated rebates will not be given.

If your account is suspended, cancelled, or declared in default by The Commercial & Savings Bank in accordance with your Cardholder Agreement, all earned rebates will be revoked.

You accept the terms of the Agreement by using or activating your Account.

**The Commercial & Savings Bank
High-Touch Business Credit Card Rebate Program
Exhibit "A"
Cash Back Rate Schedule**

The following rates are in effect as of 5/22/2018

Yearly Cash Back Rebate	
Net Spend	Cash Back Reward
\$0 - \$99,999	1.00%
\$100k - \$499,999	1.00%
\$500,000- \$999,999	1.00%
\$1 Million +	1.00%

Credit Card Application - Business

Section I: Business Information (Applicant)			
Business Name:		Requested Credit Limit:	
Billing Address:			
Location Address:			
Business EIN/Tax ID #:		Contact Name:	
Business Phone #:		Mobile Phone #:	
Email Address:		Years in Business:	
Business Ownership Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Other: _____		
What does your business do?			

Section II: Principal Owners and Officers			
<p>Each individual, if any, who owns, directly or indirectly, 25% or more of the interests of the legal entity customer and an individual with significant responsibility for managing the legal entity customer (i.e. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) must complete and sign the following section.</p> <p>The number of individuals to satisfy the definition of "beneficial owner" may vary. For example, depending on the factual circumstances, up to four individual owners, but as few as zero, may need to be identified. Regardless of the number of owners, the identifying information of an individual with significant responsibility for managing the legal entity customer must be provided. It is possible that the same individual might be identified as a 25% or greater owner and the individual with significant managing responsibility. Thus, a completed form will contain identifying information of at least one individual and up to five individuals.</p>			
Principal Name:			Requested Credit Limit:
Job Title:	Executive Officer/Senior Manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage Ownership:
SSN #:	Date of Birth:		Email:
Mobile Phone #:	Additional Phone #:		
Address:			
Mother's Maiden Name:			
Security Question:			Answer:
Principal Name:			Requested Credit Limit:
Job Title:	Executive Officer/Senior Manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage Ownership:
SSN #:	Date of Birth:		Email:
Mobile Phone #:	Additional Phone #:		
Address:			
Mother's Maiden Name:			
Security Question:			Answer:
Principal Name:			Requested Credit Limit:
Job Title:	Executive Officer/Senior Manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage Ownership:
SSN #:	Date of Birth:		Email:
Mobile Phone #:	Additional Phone #:		
Address:			
Mother's Maiden Name:			
Security Question:			Answer:
Principal Name:			Requested Credit Limit:
Job Title:	Executive Officer/Senior Manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage Ownership:
SSN #:	Date of Birth:		Email:
Mobile Phone #:	Additional Phone #:		
Address:			
Mother's Maiden Name:			
Security Question:			Answer:
Principal Name:			Requested Credit Limit:
Job Title:	Executive Officer/Senior Manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage Ownership:
SSN #:	Date of Birth:		Email:
Mobile Phone #:	Additional Phone #:		
Address:			
Mother's Maiden Name:			
Security Question:			Answer:

Section III: Provide Business Authorization & Signature on Behalf of Applicant

By signing this application as an Authorized Officer of the Applicant, I am requesting a business credit card account be opened on behalf of the Applicant. I am authorized to sign this Application on behalf of the Applicant and all information provided herein is true and correct. The Applicant and I and all authorized cardholders agree to use the card(s) for business purposes and to be bound by the terms and conditions of the CSB High-Touch Business Credit Card Agreement, as amended from time to time and which is incorporated herein and made a part hereof by this reference. My electronic signature binds me the same as an original signature. This agreement is effective until final satisfaction of the Applicant's account and termination of the Applicant's Credit Card Agreement. Additional financial information will be provided by company and/or guarantors upon request.

Not all business credit card applicants are eligible for rewards. Eligibility for rewards is based on the business' credit.

Signatures

Principal/Officer Signature:		Date:	
Principal/Officer Name:		Title:	
Principal/Officer Signature:		Date:	
Principal/Officer Name:		Title:	
Principal/Officer Signature:		Date:	
Principal/Officer Name:		Title:	
Principal/Officer Signature:		Date:	
Principal/Officer Name:		Title:	
Principal/Officer Signature:		Date:	
Principal/Officer Name:		Title:	

Section IV: Sign Personal Guaranty

By signing below, in my individual capacity (even if I place a title or other designation next to my signature), I agree to be personally liable, jointly, severally, unconditionally, for all indebtedness and fees. I certify that all information I have provided on this application or in connection herewith is true, correct, and complete. I acknowledge that I am receiving valuable benefits from the indebtedness incurred by the Account. Any terms or disputes outside of this Guaranty are governed by the CSB High-Touch Business Credit Card Agreement, as amended from time to time and which is incorporated herein and made a part hereof by this reference.

CSB, its successors and/or assignees, is under no obligation to provide any notices on the Account to me. I understand that I may request information on the Account with the consent of the Applicant. If CSB provides notice or any other information on the Account to me, there is no obligation to provide continuing notices or other information to me. I specifically acknowledge that I will not be provided with notices, which may affect my liability, including but not limited to changes in the credit agreement, terms, credit limit, interest rate, calculation of interest, required minimum payment, past due notices, or declaration of default. I specifically waive any requirement that CSB pursue collection from Applicant or other Guarantor(s) before pursuing me and that CSB may collect amounts due on Account from me before pursuing the Applicant or other Guarantor(s). CSB may demand payment in full from me in accordance with this Guaranty and in accordance with the terms of the CSB High-Touch Business Credit Card Agreement, as amended from time to time and which is incorporated herein and made a part hereof by this reference. My electronic signature binds me the same as an original signature. This agreement is effective until final satisfaction of the Applicant's account and termination of the Applicant's Credit Card Agreement.

(Please submit current financial statement and corporate resolution for credit lines of \$50,000 or greater.)

Signatures

Authorized Signature:		Date:	
Authorized Name:			
Authorized Signature:		Date:	
Authorized Name:			
Authorized Signature:		Date:	
Authorized Name:			
Authorized Signature:		Date:	
Authorized Name:			

CSB Business Online Banking

Access and manage my CSB High-Touch Credit Card online via CSB Business Online Banking?

 Yes No

Are you enrolled in CSB Business Online Banking?

 Yes No**Section V: Authorized Cardholders**

The Commercial & Savings Bank (CSB) provides business owners with the ability to designate multiple cardholders and assign custom spending limits and spending restrictions. One account statement will be issued with individual card history itemized by cardholder. The "Monthly Spending Limit" is the total amount of allowable purchases during a statement cycle. If you would like to designate additional cardholders other than the principal owners listed in this application, and set individual spending limits and usage restrictions, please indicate here: Yes No

If yes, complete "Additional Authorized Cardholders" section below. If additional cardholders are needed, complete a new "Additional Authorized Cardholders" page.

Additional Authorized Cardholders

Full Name:		Job Title:	
SSN #:		Date of Birth:	
Mobile Phone #:		Additional Phone #:	
Address:			
Type of ID:		ID #:	
State Issued:		Issue Date:	
Security Question:		Answer:	
Mother's Maiden Name:		Monthly Spending Limit:	
Full Name:		Job Title:	
SSN #:		Date of Birth:	
Mobile Phone #:		Additional Phone #:	
Address:			
Type of ID:		ID #:	
State Issued:		Issue Date:	
Security Question:		Answer:	
Mother's Maiden Name:		Monthly Spending Limit:	
Full Name:		Job Title:	
SSN #:		Date of Birth:	
Mobile Phone #:		Additional Phone #:	
Address:			
Type of ID:		ID #:	
State Issued:		Issue Date:	
Security Question:		Answer:	
Mother's Maiden Name:		Monthly Spending Limit:	
Full Name:		Job Title:	
SSN #:		Date of Birth:	
Mobile Phone #:		Additional Phone #:	
Address:			
Type of ID:		ID #:	
State Issued:		Issue Date:	
Security Question:		Answer:	
Mother's Maiden Name:		Monthly Spending Limit:	

Approval Signature for Additional Authorized Cardholders

Business Name:			
Corporate Officer Approval Signature:		Date:	
Corporate Officer Approval Name:			

Please submit your application by dropping it off at any banking center or mail to:
The Commercial & Savings Bank, P.O. Box 232, Millersburg, OH 44654