

OPTIONAL BALANCE TRANSFER REQUEST

Enjoy a fixed 0.00% APR* on transferred balances for six months (from date of transaction) when you transfer \$250 or more from other credit cards/loans. Here's how to transfer high-interest balances to your FirstMerit account...

1. Complete the information below.

- Be sure to include the account number of the accounts from which you wish to transfer a balance. (Refer to your credit cards.)
- Decide how much money you wish to transfer and write in the exact amount, even if you wish to transfer your entire balance. You must specify an exact amount to be transferred.

*0.00% APR only available with this application.

BALANCE TRANSFER SPECIAL TERMS AND CONDITIONS

1. Fixed 0.00% APR for six months (from date of transaction) with a \$250 minimum balance transfer. After six months, the rate will revert to the standard cash advance rate of your account which can be fixed or variable.
2. If your available credit limit is less than one transfer amount request, the transfer will not be processed; however, multiple transfer requests will be processed in the order listed, if possible.
3. Please allow approximately 2-3 weeks for us to process your balance transfer request(s). Please continue to make payments on your other account(s) until the balance transfer(s) is confirmed on your account statement. You will continue to be responsible for any balances on your other accounts. Your credit card accounts will not be closed. If you want to close an account, please contact that credit card company directly.
4. A \$2.00 balance transfer fee will be assessed for each card issuer request. Balance transfers will be treated as a cash advance. Finance charges will accrue from the date of the transaction.
5. These special terms and conditions apply only to the transferred amount(s).

1. CARD ISSUER

PAYMENT ADDRESS

CITY STATE ZIP

EXACT AMOUNT TO PAY (\$250 MIN.) \$

ACCOUNT #

2. CARD ISSUER

PAYMENT ADDRESS

CITY STATE ZIP

EXACT AMOUNT TO PAY (\$250 MIN.) \$

ACCOUNT #

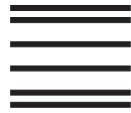
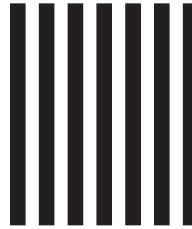
By signing below, I authorize you to charge my account in the amount(s) listed. FirstMerit is not responsible for payments other than as indicated above. Payments to other FirstMerit Credit Cards/Loans do not qualify for this offer.

NAME (PLEASE PRINT)

SIGNATURE

If you would like more than two credit card balances transferred, please attach a listing of that information.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1345
AKRON OH

POSTAGE WILL BE PAID BY ADDRESSEE

COMMERCIAL BANKCARD CENTER - TOW 829
106 S MAIN ST
AKRON OH 44308



Commercial Credit Card



FIRSTMERIT[®]
Bank

FIRSTMERIT VISA® COMMERCIAL CREDIT CARD APPLICATION

TOTAL CREDIT LIMIT REQUESTED* \$ _____
 * BUSINESS FINANCIAL STATEMENT MUST BE SUBMITTED WITH REQUESTS FOR CREDIT LIMITS EXCEEDING \$10,000.

CHECK ONE: BUSINESS PURCHASING CORPORATE
 CHECK ONE: PLEASE SEND A MONTHLY ROLL-UP STATEMENT FOR CENTRALIZED BILLING.
 NO ROLL-UP STATEMENT REQUIRED.
 BALANCE TRANSFER REQUEST

BANK USE	PLEASE CHECK ONE
EMP _____	<input type="checkbox"/> Akron <input type="checkbox"/> Banking Center <input type="checkbox"/> Central Ohio
RC# _____	<input type="checkbox"/> Cleveland <input type="checkbox"/> Erie Shores <input type="checkbox"/> Midwest
	<input type="checkbox"/> Northeast <input type="checkbox"/> Toledo
	<input type="checkbox"/> Other _____

BUSINESS INFORMATION

NAME OF BUSINESS	TAX IDENTIFICATION NUMBER	GROSS ANNUAL REVENUE
ADDRESS		TELEPHONE NUMBER ()
BILLING ADDRESS (IF DIFFERENT)		YEARS IN BUSINESS
NATURE OF BUSINESS		NUMBER OF EMPLOYEES
TYPE OF ORGANIZATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> OTHER		BANK OFFICER

GUARANTOR (ALL OWNERS OF 20% OR MORE OF THE BUSINESS ARE GENERALLY REQUIRED TO PERSONALLY GUARANTEE CREDIT CARD ACCOUNTS. INFORMATION FOR ADDITIONAL GUARANTORS SHOULD BE PROVIDED ON A SEPARATE FORM.)

NAME OF GUARANTOR	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS	ANNUAL INCOME	% OF OWNERSHIP
COMPANY TITLE	DO YOU WANT A CARD ISSUED?	CREDIT LIMIT REQUESTED*
NAME OF GUARANTOR	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS	ANNUAL INCOME	% OF OWNERSHIP
COMPANY TITLE	DO YOU WANT A CARD ISSUED?	CREDIT LIMIT REQUESTED*

AUTHORIZED ADDITIONAL CARDHOLDERS (INFORMATION FOR ADDITIONAL AUTHORIZED CARDHOLDERS SHOULD BE PROVIDED ON A SEPARATE SHEET.)

NAME	CREDIT LIMIT REQUESTED*	NAME	CREDIT LIMIT REQUESTED*
NAME	CREDIT LIMIT REQUESTED*	NAME	CREDIT LIMIT REQUESTED*

*TOTAL OF ALL REQUESTED LIMITS MAY NOT EXCEED TOTAL CREDIT LIMIT REQUESTED FOR THE BUSINESS.

GUARANTOR SIGNATURES (MINIMUM OF ONE GUARANTOR REQUIRED.)

For good and valuable consideration, each Guarantor hereby jointly and severally, absolutely and unconditionally guarantees and promises to pay promptly when due, by acceleration, or otherwise, the indebtedness of the Business in connection with any and all credit card accounts Business may have with FirstMerit Bank, N.A. ("Lender") under the Notice of Terms of the Lender's FirstMerit VISA® Business/Purchasing/Corporate Credit Card Agreement ("Agreement"). Indebtedness shall mean all principal, interest, fees, late charges, and collection costs and expenses incurred by Lender relating to such credit card accounts. This Guaranty shall remain in full force until the account is terminated and the indebtedness is paid in full. Guarantor hereby authorizes Lender to do any of the following from time to time, without notice or demand and without lessening Guarantor's liability under this Guaranty: (a) to extend additional credit to Business; (b) to alter, compromise, renew, extend, accelerate or otherwise change the times for payment or other terms of the indebtedness including but not limited to changing the interest rate; (c) to release, compromise, substitute, agree not to sue or deal with Business; and any other maker, guarantor, surety or endorser in any manner Lender chooses; (d) to apply payments as it deems appropriate and; (e) to sell, transfer or assign the accounts guaranteed hereby to any entity. Except as prohibited by law, Guarantor waives any right to require Lender to: (a) continue lending money or extending credit to Business; (b) make any acceptance, presentment, protest, demand, or notice of any kind, including notice of any nonpayment of the indebtedness or notice of any action or inaction on the part of the Business, Lender, any maker, surety, or endorser, or other guarantor in connection with the Indebtedness or (c) resort for payment or to proceed directly against any person, including Business, maker, surety or endorser. Guarantor waives all notices and defenses, including, but not limited to, Business' lack of authority to enter into the Agreement or unauthorized use of a credit card.

X _____	X _____
SIGNATURE OF GUARANTOR	SIGNATURE OF GUARANTOR
PLEASE PRINT NAME	PLEASE PRINT NAME
DATE	DATE

AUTHORIZED BUSINESS SIGNATURE

By signing this application for a FirstMerit VISA Commercial Business Credit Card as indicated above to be issued by FirstMerit Bank, N.A. ("Lender"), the Guarantor and the Business (1) request that a credit card account(s) be established in the name of the Business, (2) request that FirstMerit VISA credit card(s) be issued on that (those) account(s) to the individual(s), employee(s), partner(s) or officer(s) listed on this application (a "Cardholder"), (3) agree to be bound by the terms and conditions of the Lender's FirstMerit VISA Business/Purchasing/Corporate Credit Card Agreement governing the use of the card(s) which will be forwarded to Business in the event this application is approved, (4) authorize the investigation, receipt and exchange of credit information and trade references on the Guarantor and Business, (5) agree to provide additional financial information on the Guarantor and Business if such is deemed necessary, (6) acknowledge that personal guarantees of the Guarantor(s) are required as part of the application process, (7) certify that the information herein is true and correct in all respects, (8) warrant the Authorized Signer has all requisite authority to sign this application on behalf of the Business, and (9) agree the Guarantor(s) shall have individual liability for all obligations on the Account(s) even if he or she receives no benefit from any use of the Account(s).

X _____	X _____
SIGNATURE OF AUTHORIZED BUSINESS SIGNER (INDIVIDUAL MUST BE AUTHORIZED TO OBLIGATE THE BUSINESS)	SIGNATURE OF AUTHORIZED BUSINESS SIGNER (INDIVIDUAL MUST BE AUTHORIZED TO OBLIGATE THE BUSINESS)
PLEASE PRINT NAME	PLEASE PRINT NAME
TITLE	TITLE

CHECKING OVERDRAFT PROTECTION

The undersigned hereby requests checking overdraft protection in connection with this FirstMerit VISA Commercial Credit Card application. The provisions of the Notice of Terms of the Lender's FirstMerit VISA Business/Purchasing/Corporate Credit Card Agreement and the Checking Account Agreement are incorporated into this agreement. In addition, the following terms and conditions apply: (a) in the event of an overdraft of the checking account listed below, sufficient funds (minimum of \$75.00, in multiples of \$25.00) will be drawn against the VISA account in the form of a cash advance and such advance will be deposited into the subject checking account; (b) no advance shall be made if, as a result thereof the credit limit of the VISA account is exceeded, except that Lender, at its sole option, may elect to make such an advance and (c) this agreement may be cancelled by either party by written notice effective five (5) days from the date of mailing. Lender shall mail such notice to the address as shown on the Lender's VISA account records. Business shall mail such notice to Commercial Bankcard Center - TOW829, 106 S Main St, Akron, OH 44308. This agreement shall be cancelled automatically when said checking account or VISA account is closed or otherwise terminated.

X _____	_____	_____
AUTHORIZED SIGNATURE CHECKING OVERDRAFT PROTECTION	DATE	BUSINESS CHECKING ACCOUNT NUMBER

BANK USE ONLY	
EMPL NAME _____	BRANCH RC _____
A/R _____	BY _____ DATE _____

Moisten, close and seal before mailing.