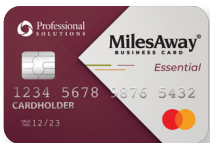


# The MilesAway Business Credit Card ... Which one fits YOUR needs?



## The credit card for business owners

MilesAway® Mastercard® is the credit card that small business owners can rely on. But, not all business owners have the same needs. **That's why we offer four MilesAway credit card options.** Choose the one that works for you and your business!



### MilesAway Essential

0% APR for 6 months, then fixed 9.99% APR |  
No rewards | No annual fee



### MilesAway Classic

0% APR for 6 months, then Prime + 9.99% |  
1 point per \$ spent | Points expire after 3 years |  
No annual fee | 10,000 bonus points after first use



### MilesAway Preferred

0% APR for 6 months, then Prime + 9.99% |  
1.5 points per \$ spent | No expiration on points |  
\$75 annual fee (waived after spending \$3k in calendar year) |  
10,000 bonus points after first use



### MilesAway Choice

0% APR for 6 months, then Prime + 9.99% |  
Build your own rewards | No expiration on points |  
\$75 annual fee | 10,000 bonus points after first use

## MORE FROM MILES AWAY

### Rich Rewards

Redeem your points for cash back as a statement credit, gift cards, merchandise and travel. (Classic, Preferred and Choice cards only.)

### No-cost Mastercard Business Card Benefits

Enjoy Intuit Turbo Tax® and QuickBooks® discounts, Mastercard ID Theft Protection™ and other benefits.

### Receive Alerts Via Text or Email

Choose payment reminders, international transactions, address changes and more.



Complete the Express  
Application on the back



Call 888-400-5711, ext. 5530



Professional  
SOLUTIONS

# EXPRESS APPLICATION

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FAX application to: 800-704-9416

Questions? Call 888-400-5711, ext. 5530

## PERSONAL/BUSINESS INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your email address will never be sold. It will be used to send you important notices.

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Required

Month Date Year

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tax ID (if known): \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specialty/Profession: \_\_\_\_\_

Annual Net Income: \$ \_\_\_\_\_ Years in Business: \_\_\_\_\_

If you have been in business < 1 year, leave blank.

## YOUR CARD SELECTION

Select Your MilesAway Card:

MilesAway Essential

MilesAway Classic

MilesAway Preferred

MilesAway Choice

## YOUR CARD IMPRINT

Please write your name and/or business name as you would like them imprinted on your card.



Line 1 \_\_\_\_\_

Your Name, e.g., John Henry Smith Cannot exceed 21 characters per line

Line 2 \_\_\_\_\_

(Optional) Business Name, e.g., Smith Clinic Cannot exceed 21 characters per line

## ADDITIONAL AUTHORIZED CARDHOLDERS (photocopy if more than one)

Check here if joint applicant

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Required

Month Date Year

## READ AND SIGN

There are costs associated with the use of the credit card that can be viewed at [www.mymilesawaycard.com/cardholderinfo/applicationterms.aspx](http://www.mymilesawaycard.com/cardholderinfo/applicationterms.aspx). To request specific information about these costs, you may call 1-800-970-5060 ext. 5530. By signing the application, I/we: (1) request that NCMIC Finance Corporation (herein "NCMIC"), the card issuer, establish a MilesAway business credit card account for me and/or my company and issue one or more cards to be used in connection with the account; (2) understand this application is given for the purpose of obtaining credit and is subject to approval; (3) authorize NCMIC or its designees to investigate my personal and/or business creditworthiness by obtaining reports from credit reporting agencies and other information and credit records and to share such information regarding the account with credit reporting agencies, other creditors of my business, and third parties that NCMIC reasonably believes are conducting credit inquiries in accordance with applicable law; (4) authorize NCMIC to order a credit report in connection with the administration, review, or collection of the account and in connection with offering additional products and services to me; (5) authorize past and present lenders, lessors, landlords, and other creditors to provide NCMIC and its designees with any and all information that will assist in the credit inquiry; and (6) certify that all information provided in this application is true and correct.

I/we agree that, if a credit card account is opened in response to this application: (1) the account and the card(s) shall be governed by the terms and conditions of the Cardholder Agreement provided to me when the card(s) are issued, as it may be amended from time to time; (2) I'm/we're personally liable for all charges, advances, and fees made or incurred under the account by my company or anyone authorized or permitted by my company to use the account and/or the card(s); (3) the account shall be used only for business or commercial purposes; (4) the credit line and the terms of my account will be based on a review of the information provided in this application, the current credit report, and any other information bearing on creditworthiness; and (5) any dispute arising under or related to the account or the card(s) shall be adjudicated in the federal or state court located in Polk County, Iowa.

**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 the law concerning this credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: The MilesAway Program, 14001 University Avenue, Clive, Iowa 50325-8258 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.

### 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.

X \_\_\_\_\_

Applicant's Signature

DATE

X \_\_\_\_\_

Joint Applicant's Signature (if checked above)

DATE

The MilesAway Credit Card is administered by Professional Solutions Financial Services, a registered trademark and division of NCMIC Finance Corporation. MilesAway is a registered trademark of NCMIC Finance Corporation. Other trademarks are the property of their respective owners. Loans made or arranged pursuant to a California Finance Lenders Law license. New York residents may contact the New York state department of financial services by telephone at (800) 342-3736 or visit its website ([www.dfs.ny.gov](http://www.dfs.ny.gov)) for free information on comparative credit card rates, fees and grace periods.