Business Credit Card Change Request Form

PNC

SECTION 1. Select one or more of the following (please refer to the instructions on the back of this form):

☐ Add Cardholder ☐ Close Card ☐ Add/Remove/Replace Account Administrator ☐ Reopen Account ☐ Change/Correct Company Name ☐ Change/Correct Tax ID

☐ Company Credit Limit Increase ($_____ - desired credit limit) ☐ Company Credit Limit Decrease ($_____ - desired credit limit)

SECTION 2. Company Information

Company Legal Name | Tax ID Number | ( ) – Company Phone Number

Company Address (No P.O. Boxes allowed) | Suite, Apt., Building, etc.

City | State | ZIP Code

$ Gross Annual Sales | Source of Sales | Full Company Credit Card Account Number

Change/Correct Company Name ☐ YES ☐ NO If YES, reason for the change/correction: _____

Change/Correct Company Tax ID ☐ YES ☐ NO If YES, reason for the change/correction: _____

SECTION 3. Authorized Officer Information

First Name | M.I. | Last Name

– – Social Security Number | Date of Birth (MM/DD/YYYY) | ( ) – Home Phone Number | ( ) – Alternate Phone Number

Home Address (No P.O. Boxes allowed)

City | State | ZIP Code

$ Monthly Income | Source of Income | $ Monthly Other Income | Source of Other Income

(Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for this request)

☐ Rent ☐ Own ☐ Other Monthly Mortgage/Rental Amount: $_____

SECTION 4. Add Cardholder/Close Card ***(Use additional sheets as needed)***

Name of Cardholder | Last 4 Digits of Social Security Number | $ Cardholder Spending Limit Requested | ☐ Add ☐ Close Card

Name of Cardholder | Last 4 Digits of Social Security Number | $ Cardholder Spending Limit Requested | ☐ Add ☐ Close Card

SECTION 5. Add/Remove/Replace Account Administrator

Current Account Administrator Name | New Account Administrator Name | ☐ Add ☐ Remove ☐ Replace

SECTION 6. Signature - ***MUST BE SIGNED, NO TELEPHONE AUTHORIZATIONS***

If Authorized Officer: I, the Authorized Officer, represent and warrant to PNC Bank that I am duly authorized to execute and deliver this Business Credit Card Change Request Form and any other documents, including the Certification Regarding Beneficial Owners of Legal Entity Customers form, on behalf of the Company, and that all necessary action to authorize the execution and delivery of this form and any other required documents has been properly taken. Both the Company and I will continue to be jointly and severally liable for all transactions on the credit card account, which means that I continue to be personally liable for all amounts due on the business credit card account.

If the Company has requested a credit limit increase, I authorize PNC Bank, on behalf of the Company and of myself, to obtain information from others concerning the Company's and my respective credit standings and other relevant information impacting this request, from time to time throughout the term of the indebtedness, including obtaining credit reports on the Company and me, and file copies of financial statements from any accountant or accounting firm.

If Account Administrator: I, the Account Administrator, represent and warrant to PNC Bank that I am duly authorized to execute and deliver this Business Credit Card Change Request Form and any other documents, as necessary, on behalf of the Company, and that all necessary action to authorize the execution of this form and any other documents has been taken.

X

Signature | Name and Title (please print) | Date

Return a signed, completed form and certification form, as applicable, to 1-888-455-4602 (fax)
If you prefer to email the forms, please first send an email to us at businesscardunderwriting@pnc.com and request a secure email message.
Please do not send any completed forms directly to the above email address without FIRST receiving a secure email from us.

For Bank Use Only – From: | Phone Number: ( ) -

See Reverse for Instructions

Business Credit Card Change Request Form
INSTRUCTIONS

The Business Credit Card Change Request form must be completed as provided below, signed by the Authorized Officer on the business credit card account, and emailed or faxed to PNC Bank using the information at the bottom of the form. If you would prefer to email, please first send an email to us at businesscardunderwriting@pnc.com and request that we send you a secure email message. ***Please do not send any complete forms directly to us without FIRST receiving a secure email from us.*** Any information that is incomplete or illegible may cause a delay in processing your request. Depending on the request made, you may also be required to complete, sign and submit a Certification Regarding Beneficial Owners of Legal Entity Customers form which is available in Online Banking.

Add Cardholder – To have a credit card issued to a Company employee, please complete the following sections:

- Section 1 – Check the Add Cardholder box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 4 – Provide the name of the Company employee, last four digits of that employee's social security number, and specify the spending limit, up to the Company's maximum credit limit, for the credit card to be issued to the named employee.
- Section 6 – The Authorized Officer listed in Section 3 or the Account Administrator must sign, print name and title, and date the form.

Close Card – To have an existing Company employee's credit card closed, please complete the following sections:

- Section 1 – Check the Close Card box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 4 – Provide the name of the Company employee to be removed and the last four digits of that employee's social security number.
- Section 6 – The Authorized Officer listed in Section 3 or the Account Administrator must sign, print name and title, and date the form.

Add/Remove/Replace Account Administrator – To add, remove or replace an Account Administrator (a Company employee who has been granted authority by the Company to manage the credit card account on behalf of the Company), please complete the following sections:

- Section 1 – Check the Add/Remove/Replace Account Administrator box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 5 – Select either Add, Remove or Replace. If adding a new Account Administrator, provide the name of the current Account Administrator (if applicable) and the name of the new Account Administrator. If removing a current Account Administrator, provide the name of the current Account Administrator to be removed. If replacing the designated Account Administrator with a new Account Administrator, provide both the name of the current Account Administrator and the name of the new Account Administrator.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.

Reopen Account – To reopen the Company's credit card account that has been closed greater than 30 days, please complete the following sections:

- Section 1 – Check the Reopen Account box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Complete this section in its entirety.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.

NOTE: For a business credit card account that has been closed less than 30 days, do not use this form. Please contact Customer Care at 800-474-2101.

Change/Correct Company Name – To change or correct the Company's Legal Name, please complete the following sections:

- Section 1 – Check the Change/Correct Company Name box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account. Please also select the YES box for the Change/Request Company Name and provide the reason for the change/correction.
- Section 3 – Provide the name of the Authorized Officer.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.
- Certification Regarding Beneficial Owners of Legal Entity Customers form – Complete, sign, and return along with the Business Credit Card Change Request form.
- Also provide any supporting documents to reflect why the Company's legal name on the credit card account needs changed/corrected.

Change/Correct Tax ID – To change or correct the Company's Tax ID, please complete the following sections:

- Section 1 – Check the Change/Correct Company Tax ID box.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account. Please also select the YES box for the Change/Request Company Tax ID and provide the reason for the change/correction.
- Section 3 – Provide the name of the Authorized Officer.
- Section 6 – The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.
- Also provide a copy of the SS-4 which reflects the changed/corrected Company tax identification number.

Company Credit Limit Increase – To request an increase to the Company's credit limit for the credit card account, please complete the following sections:

- Section 1 – Check the Company Credit Limit Increase box and insert the requested limit desired.
- Section 2 – Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, gross annual sales, source of sales, and the 16 digits for the Company's credit card account.
- Section 3 – Complete this section in its entirety.
- Section 6 - The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.
- Certification Regarding Beneficial Owners of Legal Entity Customers form – Complete, sign, and return along with the Business Credit Card Change Request form.

NOTE: To request an increase to the spending limit for an employee's card, do not use this form. Please contact Customer Care at 800-474-2101.

Company Credit Limit Decrease – To request a decrease to the Company's credit limit for the credit card account, please complete the following sections:

- Section 1 - Check the Company Credit Limit Decrease box and insert the requested limit desired.
- Section 2 - Provide the Company's legal name, tax identification number or social security number (for sole proprietors), phone number, address, and the 16 digits for the Company's credit card account.
- Section 3 – Provide the name of the Authorized Officer.
- Section 6 - The Authorized Officer listed in Section 3 must sign, print name and title, and date the form.

NOTE: To request a decrease to the spending limit for an employee's card, do not use this form. Please contact Customer Care at 800-474-2101.