

Business Account Application



MAPLE BANK
CHAMPLIN

Date: _____ New Account Add a Signer Change Signers Signature Update

PLEASE CHECK ALL BUSINESS SERVICES YOU ARE INTERESTED IN:

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Checking | <input type="checkbox"/> Business Line of Credit | <input type="checkbox"/> Merchant card services |
| <input type="checkbox"/> Business Savings | <input type="checkbox"/> Business Loan | <input type="checkbox"/> Corporate Credit Card |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Investment Services* | <input type="checkbox"/> Online Banking Services (see back) |
| <input type="checkbox"/> Business Check Card | <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Insurance |

ABOUT YOUR BUSINESS (Complete this section for all services)

Business Exact Legal Name		DBA Name (if any)	
Business Street Address		City	State Zip
Mailing Address		City	State Zip
Federal Tax ID	Business Phone	Business Fax	
Type of Organization: (Please see back for opening documents required)			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (describe) _____			
Business Operates From:			
<input type="checkbox"/> Retail Storefront <input type="checkbox"/> Office Suite <input type="checkbox"/> Warehouse <input type="checkbox"/> Office in Home <input type="checkbox"/> Other (describe) _____			
Industry Category:			
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Other (describe) _____			
Nature of Business	Years Under Current Ownership	Date Business Started	Business Web Address

AUTHORIZED OFFICER/OWNER INFORMATION (Complete this section for all services)

Name of Primary Authorized Officer/Owner (First, MI, Last)				
Authorized Primary Officer must be one of the following:				
<input type="checkbox"/> President/Chairman <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Owner/Proprietor <input type="checkbox"/> Partner				
Home Address		How long?	City	State Zip
Home Phone	Social Security Number	Birth Date	Driver's License No or Other ID-copy	
Cell Phone	Business Phone		E-Mail Address	
Years with Business	Do you currently bank with Maple Bank?	Mother's Maiden Name		
Nearest Relative/Friend's Name/Address				Phone Number
Do you currently serve as an executive officer, director, or principal owner of a banking organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where:				
Have you had a bank account for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where:				
Have you had an account closed without your consent within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a criminal offense involving the use of a check within the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you lived in the State of Minnesota for the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ADDITIONAL OWNERS/SIGNERS (Will need for each person authorized)

First Name	Middle Initial	Last Name
Check if you are a:		Business Title:
<input type="checkbox"/> Officer <input type="checkbox"/> Owner <input type="checkbox"/> Signer		

Home Address		How long?	City	State	Zip
Home Phone	Social Security Number	Birth Date	Driver's License No or Other ID-copy		
Cell Phone	Business Phone	E-Mail Address			
Years with Business	Do you currently bank with Maple Bank?	Mother's Maiden Name			
Nearest Relative/Friend's Name/Address				Phone Number	

Do you currently serve as an executive officer, director, or principal owner of a banking organization? Yes No If yes, where:
 Have you had a bank account for the last 12 months? Yes No If yes, where:
 Have you had an account closed without your consent within the past 5 years? Yes No
 Have you ever been convicted of a criminal offense involving the use of a check within the past 2 years? Yes No
 Have you lived in the State of Minnesota for the last 5 years? Yes No

Everything stated in this application is correct to the best of my knowledge. You are authorized to obtain credit reports for the purpose of opening this account. This is an application to open an account, which is considered open upon the signing of a signature card and the acceptance of your first deposit. A person supplying a false material statement that is believed not to be true with respect to information on this application "is guilty of perjury." M.S. § 48.512, Subd.2

Applicant #1 Signature _____

Applicant #2 Signature _____

ONLINE BANKING SERVICES

I'd like the following type of Online Banking Service:

- Online Access (view activity, checks, transfer funds between accounts)
- Online Access with Bill Payment Services (access services, pay bills electronically)
- Online Cash Management (access services, bill payment, ACH options, direct deposit & payment, wire transfers, tax pymts)

Please set up the following people for Online Banking Access: (Except for Online Cash Management, all individuals must be authorized signers on the account. Online Cash Management offers an enhanced level of security which is controlled by your business. You elect a "Supervisor" who will control your individual's users right of access and permissions to use this service.)

Name 1 (Supervisor)	Name 2	Name 3
Name 4	Name 5	Name 6

MERCHANT CARD SERVICES

Please complete the following sales information so that we may better assist you in the implementation of your merchant servicing:

Annual Total Sales Volume	Describe your product/service:	
Are you currently accepting MC/Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual MC/Visa sales volume	Average MC/Visa sales amount
% of MC/Visa sales generated: _____ In-store _____ Mail Order _____ Phone Order _____ Internet _____ Other(describe)_____		

INVESTMENTS, INSURANCE AND RETIREMENT PLANS

Would you like our Maple Financial Investment Center Account Executive to call you regarding a personalized plan for your business?
 No

Investments and Insurance offered through **Fintegra Financial Solutions**. Account Executives are registered representatives of Fintegra. Fintegra Financial Solutions is an independent broker/dealer. Member NASD/SIPC. Maple Bank and Fintegra are separate entities.

NOT INSURED BY ANY GOVERNMENT AGENCY • NOT A DEPOSIT • NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

FOR BANK USE ONLY

Site Visitation: Must be verified at the business location and completed by a bank representative for all merchant accounts.

Information provided on the following products/services: Checking DDL ATM/Instant Cash Card Online Banking/Bill Pay
 Savings Investments Credit Cards CODs Loans