

Welcome to MAPLE BANK

Business Account Application

Date: _____ Reason for today's visit: New Account Add a Signer Change Signers Signature Update Other _____

If you are new to Maple Bank, please tell us how you heard about us. Welcome! _____

PLEASE CHECK ALL BUSINESS SERVICES YOU ARE INTERESTED IN:

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

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 (if different than street address)		City		State	Zip
Federal Tax ID	Business Phone	Business Fax	E-mail address		
Type of Organization: <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)		Street Address		City	State	Zip
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					How long at address?	
Mailing Address (if different than street address)		City		State	Zip	
Home Phone	Social Security #	Birth Date	Driver's License # 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

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

Name (First, MI, Last)		Street Address		City	State	Zip	How long?
Check if you are a: <input type="checkbox"/> Officer <input type="checkbox"/> Owner <input type="checkbox"/> Signer				Business Title:			
Mailing Address (if different than street address)				City		State	Zip

Home Phone	Social Security #	Birth Date	Driver's License # 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)_____		

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

FOR BANK USE

Information provided on the following products/services: Checking ATM/Instant Cash Card Online Banking/Bill Pay
 Savings/Money Market CDs Loans Credit Cards Other _____

We look forward to helping you reach your financial goals.



MAPLE BANK

People. Relationships. Value.