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CUSTOMER APPLICATION

Information provided in this application is correct to the best of my knowledge. I understand this application will be retained whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I authorize all past or present creditors to release any and all necessary credit information. I understand and agree that this document may be transmitted to creditors electronically by fax or other means. I hereby authorize those creditors to release information as detailed above based on this electronically transmitted document.

Signature

Date

(please print or type individuals name)

(Title – corporation only)

Signature

Date

(please print or type individuals name)

(Title – corporation only)

Customer Information

Name(s) Individual or legal name of corporation, partnership or organization			Contact	Title (if corporation)
Physical Address		Phone number		Mobile phone number
City	State	County	Zip Code	Fax number
Billing address				
City	State	County	Zip Code	Phone number
Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative				
State of Incorporation	Date of Incorporation	Briefly describe operation		
Years in business	Total sales or gross income	Federal ID number (or Social Security number, if individual)		Fiscal year end
Insurance Company		Contact Name	Phone Number	

Financial Information

Bank /Finance Co.	Contact	Phone Number	# of Years		
Checking Account # \$	Loan Account # \$	Savings # \$			
Bank/Finance Co.	Contact	Phone Number	# of Years		
Checking Account # \$	Loan Account # \$	Savings # \$			
	Yes	No	Yes	No	
Are there any unsatisfied judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	Are any accounts past due?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been declared bankrupt in the last ten years?	<input type="checkbox"/>	<input type="checkbox"/>	Does anyone else own an interest in the property listed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a defendant in any pending law suit?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker, co-signer, or guarantor on any financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions, please give details (Use separate sheet if necessary).

Principal Information

Principal's Name	Home Phone	Social Security #
Address	City, State, Zip	% Ownership
Principal's Name	Home Phone	Social Security #
Address	City, State, Zip	% Ownership

Credit References

Creditor	Contact Person	Phone Number	City, State, Zip	Account Number
Creditor	Contact Person	Phone Number	City, State, Zip	Account Number