

Authorized Person's Printed Name & Title

## Business Credit Application

Complete, Sign & Send to: Joel Mikolich 8480 O'Brian Ave N.E., Otsego, MN 55330 Fax: 314.800.1193 | Cell: 612.309.6491 jmikolich@scottradebank.com

Date Signed

M0916

This application is not an offer by Scottrade Bank Equipment Finance to extend credit to you or enter into any agreement with you. If we determine to extend credit to you, the terms and conditions thereof will be set forth in a final definitive agreement. We may require individuals listed as Primary Principals to execute a guaranty. You authorize us to obtain and review these individuals' credit information for purposes of determining whether to extend credit. We reserve the right to request additional information from you regarding these individuals and any other disclosures made by you in this application.

Company Information													
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Business Sole Prop C-Corp S-Corp Type: Partnership Ltd Partnership Professional Corp Ltd Liability Corp													
Description of Business:					D:	Annual Gross Sales: Date		Date E	Established:		Yrs. w/current owners:		
Business Street Address, City, State and ZIP Code:						County:			Incorp. State:		Incorp. State:		
Contact Name & Title:							Office Fax:			Office Phone:			
Email:					Phone:	Location of Equipment (if different from above):							
Ownership (attach separate sheet if necessary)													
Primary Principal's Full Name & Title:										9	% Ownership:		
Home Address:								Professional License #				nal License #:	
Social Security #: Date of Birth:			Emai	Email:					F			Phone:	
Primary Principal's Full Name & Title:										9/	6 Owners	ship:	
Home Address:										Professio			
Social Security #: Date of Birth:			Email:					Phone:			hone:		
Bank & Insurance Information													
Bank Name: City & State: Lo						Loan Acco	unt #:	Loan Term (months)			Loan An	nount:	
Contact Name: Contact Phor			one: Checking A			Account #:		Insurar	nce Age	ent:	Agent Pl	none #:	
Vendor / Supplier									Equipment (attach quote if available)				
Business Name:						Business Pl	none:	Descri	ption:				
Contact Name:					Contact Phone:			Cost:					
Financing Options Economic								mic Just	Justification for this Purchase:				
Term Desired (months): Amount Fin		own Paymer		Purch	ase Optio	on:							
36 48 60 72 84				\$1	10%	FMVLo	an Other						
Credit Release													
Important Information About Opening An Accoud of terrorism and money laundering activities, federa What this means for you: When you open an accouyour driver's license or other identifying documents. Acknowledgement & Authorizations: By signing Bank Equipment Finance, its assigns, and any cred and you expressly authorize bank and trade referer manufacturer, seller or distributor of any equipment design, durability, suitability and/or fitness for a part ECOA Notice: If your application for business cred Scottrade Bank Equipment Finance, P.O. Box 3175 reasons for the denial within 30 days of receiving yon the basis of race, color, religion, national origin, income derives from any public assistance program federal agency that administers compliance with the Scottrade, Inc. All rights reserved.	I law require: nt, we will as below, you, t it bureau or of ces listed he and makes i ciular purpos it is denied, 59, St. Louis, bur request f sex, marital it or because	s all financial in the credit application of the statemes the credit applicant of the applicant of the spolicant of the credit applicant of the credit applicant of the credit applicant of the statemes and the applicant of the	nstitutione, add cant(s) titive age credit tion or value equipment to continue	nns to cress, deress,	obtain, ver late of birth y that the ii o investiga formation ty whatsoe en stateme days from al Equal Ci pplicant has aith exerci	fy, and record t, and other interpretation give te the reference requested as prover with respect the date you a redit Opportune the capacity sed any right to	information that information that will en for credit purposes, statements a part of said invested to the condition of the condition of the condition of the condition of control of control of control of content into a bir under the Consum	dentifies allow us oses is trund other i igation. Son, specific decision. reditors fiding contact of the contac	each per to identifue and conformation contrade cations, of the cations of the ca	son who fy you. V orrect; yo on accor Bank Eo operation in the stat send your riminatin cause al on Act. I	o opens ar Ve may also ou authori puipment I n, performate tement, se u a writter g against Il or part o For assists	ze Scottrade this application; finance is not a ance, value, and a request to a statement of credit applicants f the applicant's ance from the	
Authorized Person's Printed Name & Title				<b>X</b>	uthorized	Person's Signa	ature				Date Si	gned	

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