



STEARNS BANK N.A. EQUIPMENT FINANCE DIVISION

CREDIT APPLICATION

DEALER INFORMATION

Dealer: Phone: Address: Dealer Contact:

TYPE OF CREDIT REQUESTED:

Individual Credit, Joint Credit, Relying solely on my income or assets, Relying on my income or assets as well as income or assets from other sources, We intend to apply for joint credit.

BUSINESS INFORMATION

Company name: Federal ID #: Phone: Fax: Cell: E-mail: Bus. Physical address: Bus. Billing Address: City, State, ZIP: Nature of Bus: Years in Bus: Annual Sales: No. of Employees: Sole Proprietorship: Partnership: LLC: Corporation: Other:

PERSONAL INFORMATION (PLEASE PROVIDE COPIES OF DRIVERS LICENSES W/APPLICATION)

Owner Name (First/MI/Last): Phone: Home Address: City: State: ZIP Code: Social Security #: Date of Birth: US Citizen? Yes / No

BANK REFERENCE

Primary Bank: Contact: Phone: City, State: Customer Name: Account # (s):

TRADE REFERENCES

Trade Name: City, State: Phone: (repeated for three references)

EQUIPMENT

Equipment Description- Year, Make, Model: New or Used Cost (w/o Tax) \$ Term: Purchase Option: Advance Payments: Replacement? Yes / No Additional? Yes / No

SIGNATURES

Stearns Bank NA and/or its affiliates will be requesting information on all accounts maintained at your bank. Please accept this release as a authorization to provide the requested information. Stearns Bank NA and/or its affiliates reserve the right to pull a credit bureau on all parties identified as owners on the application.

X Signature Date X Signature Date