



Thank you for choosing ProGrowth Bank for your financial needs. You are only a few easy steps away from completing your Business Banking Application. Please read the instructions listed below. If you have questions, please call or visit any of our three locations. Thank you.

1. Print out the Business Banking Instructions and Application.
2. Use black or blue ink when completing the form.
3. Complete the entire form. Don't forget to sign it.
4. Mail or fax the form. Do NOT email the form.
5. If faxing, you may use this page as your Fax Transmittal.
6. Keep a copy of the form for your records.
7. We may request additional information or contact you by phone for follow-up information.

FAX TRANSMITTAL

Date: _____

To: _____

Fax#: _____

From: _____

of Pages (including cover sheet): _____

Memo/Delivery Instructions: _____

This facsimile transmission is privileged and confidential and is intended only for the use of the individual or entity to which it is addressed. If the reader of these materials is not the intended recipient, or the employee or agent responsible for delivering such materials to the intended recipient you are hereby notified that any dissemination, distribution or copying of such materials is not authorized by the sender. If you have received this transmission in error, please notify the sender immediately by telephone and return these materials to us at the address shown below via the US Postal Service. Thank you.

Gaylord Office
320 Main Avenue
Gaylord, MN 55334
Phone: 507.237.5535
Fax: 507.237.5197

Mankato Office
PO Box 4429
Mankato, MN 56002-4429
Phone: 507.344.4333
Fax: 507.344.4384

Nicollet Office
703 Third Street,
Nicollet, MN 56074
Phone: 507.232.3488
Fax: 507.232.3978





I am interested in: (please check all that apply)

Checking
 Savings
 CD
 Check Card
 Ready Reserve
 Other

Account Ownership (check one)

Sole-Proprietor
 LLC
 S-Corp.
 C-Corp.
 Partnership
 LLP
 Non-Profit
 Other

Business Information

Name of Business			Business Telephone Number	Fax Number
Address			TIN (Tax Identification Number)	E-mail
City			Primary Contact (name & title)	
State	Zip	Web Address		

Owner's Personal Information

Name			Home Phone Number	Cell Phone Number
Address			Social Security Number	
City	State	Zip	Date of Birth	
Mailing Address, if different				

Special Statement Information

Name and Address	Comments
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ProGrowth Check Card(s) Information

ProGrowth Check Card(s) Information	Daily Dollar Limit – Checking	Daily Dollar Limit - Savings
<input type="checkbox"/> ProGrowth Check Card ATM and Point of Sale (POS) access wherever you see the MASTERCARD logo	ATM (check one) <input type="checkbox"/> \$100.00 <input type="checkbox"/> Other _____	POS (check one) <input type="checkbox"/> \$500.00 <input type="checkbox"/> \$1,000.00 <input type="checkbox"/> Other _____
		ATM Only (check one) <input type="checkbox"/> \$100.00 <input type="checkbox"/> Other _____
Number of Cards (a separate agreement must be signed upon approval)	Associated Accounts <input type="checkbox"/> DDA Acct # _____	

Ready Reserve Line of Credit Information

Yes, I would like to apply for a Ready Reserve Line of Credit.
 A separate Ready Reserve agreement must be signed upon approval.

Requested Line of Credit \$ _____

Agreement: Key Individuals/Authorized Signers

By signing this application, I authorize ProGrowth Bank to establish an account for the business listed above. I/We understand that ProGrowth Bank may have a need to review my/our creditworthiness. I/We authorize ProGrowth Bank to verify my/our credit record and/or employment history by any means necessary, including preparation of a credit report by a consumer reporting agency. By signing on behalf of a business or other entity I also acknowledge that ProGrowth Bank may verify the creditworthiness of that business entity.

Name of Applicant (please print)	Authorized Signature
Title	
Name of Co-Applicant (please print)	Authorized Signature
Title	

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling. For instance, we are prohibited from processing any transactions by check, credit or debit card, electronic funds transfer or similar device for credit to a commercial account if the transaction involves the receipt of an unlawful bet or wager made through the Internet. A bet or wager is unlawful if it violates any applicable Federal or State law in the State or Tribal lands in which the bet or wager is initiated, received or otherwise made. By initialing I certify that the business does not engage in an Internet Gambling business within the meaning of Federal Reserve Regulation GG. _____