



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



Account Type (check one)
 Checking: Totally Business Above and Beyond Gotta Grow It Simply Business Thank You
 Savings: ProGrowth Investor Money Market Savings Statement Savings
 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
			Primary Contact (name & title)	
City	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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Instant Cash & Check Card(s) Information

<input type="checkbox"/> Instant Cash & Check (ATM and VISA Point of Sale (POS) access) OR <input type="checkbox"/> Instant Cash (ATM access only)	Daily Dollar Limit – Checking		Daily Dollar Limit - Savings
	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*	Associated Accounts <input type="checkbox"/> DDA Acct # _____ <input type="checkbox"/> SAV Acct # _____ (ATM access only)
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*A separate agreement must be signed upon approval.

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	

Use of information: To provide me with superior service, inform me of product opportunities and for other business purposes, the family of banks and companies affiliated with Progressive Growth Corp. share information about me and ProGrowth products and services only among themselves. If I give you a request via mail containing my name, address and Social Security Number, as well as the phrase "Request to be excluded from ProGrowth affiliate sharing information", you will not share information about me among the ProGrowth family to the extent that I may opt out of sharing under the Federal Fair Credit Reporting Act and other applicable laws. My request must be directed to: Progressive Growth Corp., 320 Main Avenue, PO Box 266, Gaylord, MN, 55334-0266, Attention: Compliance Officer, 507.237.5535.