



BUSINESS LOAN APPLICATION

When you have completed these forms please return the signed documents and a banker will contact you.

By mail to: Anchor Bank, N.A.
14665 Galaxie Avenue, Suite 330
Apple Valley, MN 55124

By fax to: Anchor Bank
Anchor Support
952-808-8029

Please choose a location

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Anchor Bank requires the presentation of the following business documents prior to establishing an account relationship:

1. IRS Confirmation, Form SS4 or Tax Return, AND
2. One or more of the following documents:
 - a. Articles of Incorporation or Organization
 - b. Certificate of Assumed Name, if applicable
 - c. Corporate Resolution, Partnership, or similar entity-related document
 - d. Financial Reports or Tax Return
 - e. Other independently created (3rd party) organizational document, such as MN Department of Revenue registration confirmed for DBA or sole proprietorships, or trust documents

Is the business an Anchor Bank customer?
If so, please skip the Business Account Application and proceed to the Business Authorized Signer Application to continue the loan application process.

BUSINESS ACCOUNT APPLICATION

Business Name: _____

Physical Address: _____

Mailing Address, if different than above: _____

Email Address (optional): _____

Provide a Password you will use when requesting information by telephone: _____

Organization Type: _____ Tax ID #: _____

Phone #: _____ FAX #: _____

Primary Business Activity: _____

Website: _____

Authorized Signers: Each Authorized Signer Must Complete a Business Authorized Signer Application

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

How did you hear about us? (Optional)

- Advertisement
- Family/Friend
- Business Associate
- Web/Search Engine
- Drive By
- Employee of Anchor
- Employer
- Other

1. Is the business involved in any of the following: No Yes If yes, check all that apply.

- Currency Dealer or Currency Exchanger: Also answer question 2 below.
- Check Cashing: Also answer questions 2 & 3 below.
- Issuer of Traveler's Checks, Money Orders, or Stored Value Cards: Also answer question 2 below.
- Seller, or Redeemer of Traveler's Checks, Money Orders, or Stored Value Cards: Also answer question 2 below.
- Money Transmitter: If checked, stop here. Sign and date the application.
- Provider of Internet Gambling Services: If checked, stop here. Sign and date the application.

2. If you checked one of the services above, are those transactions greater than \$1,000 for any one person, on any one day, in one or more transactions?

- No Yes If Yes, is the business registered with FinCEN as a Money Service Business (MSB)?
 - No Yes If Yes, indicate what type(s) of MSB:
 - A principal with a fleet of agents
 - An agent of another MSB
 - An individual MSB working on its own behalf

3. If the business charges to cash a check or draft, do you charge the greater of at least \$1.00 or 1% of the value of the check?

- No Yes If Yes, is the business registered with the Commissioner of Commerce of the State of Minnesota?
 - No Yes

4. Does the business own one or more ATM's? No Yes

At any time in the past 12 months, has this business maintained any banking account? No Yes If yes, please indicate the name of the Institution: _____

At any time in the past 12 months, has any bank or financial institution closed an account without your permission?

- No Yes If yes, give the reason: _____

At any time in the past 24 months, has this business been convicted of a criminal offense because of the use of a check or other similar item? No Yes

The information I have provided in this application is correct to the best of my knowledge. I understand that you will retain this application, whether or not it is approved.

SIGNATURE & TITLE: _____ DATE: _____

Business Account Activity Profile

1. When was this business established? Month/Year: _____
2. When did the current owners establish or buy the business? Month/Year: _____
3. Which of the following best describes the business's primary activities? Check all that apply.

- Local market, accepting second-party checks only
- Local market, accepting or cashing third-party checks cashed
- Local market, with payroll checks cashed
- State wide transactions
- International transactions.

4. Indicate the type of transactions or services likely to be conducted. Check all that apply, list number of transactions expected **per month** and expected dollar amount of the average transactions.

	Number of Transactions	Amount	
<input type="checkbox"/> Currency Deposits			-----
<input type="checkbox"/> Currency Withdrawals			-----
<input type="checkbox"/> Check Deposits			-----
<input type="checkbox"/> Currency Exchanges			-----
<input type="checkbox"/> ACH Transfers			-----
<input type="checkbox"/> Wires within the US			-----
<input type="checkbox"/> International Wires:	-----	-----	Indicate Which Country(ies)
<input type="checkbox"/> Incoming			
<input type="checkbox"/> Outgoing			

5. Will you be conducting business internationally, other than wire transfer activity?
 - No Yes If yes, please indicate which countries and the activity that will take place:

Completed by: _____

Date: _____



Are all the authorized signers a customer of Anchor Bank?
If so, please continue to the Business Banking Credit Application. If not, please complete a Business Authorized Signer Application for every signer on the account.

BUSINESS AUTHORIZED SIGNER #1 APPLICATION

Anchor Bank requires the presentation of photo identification prior to establishing an account relationship. Anchor Bank will accept one of the following current forms: Driver's License, State Issued ID, United States Passport, or United States issued Alien ID Card.

Name, Last: _____ First: _____ Full Middle: _____

(Use FULL LEGAL name when completing the above information; No initials or nicknames)

Check appropriate box: I am [] an American Citizen [] a Resident Alien [] a Non-Resident Alien (Foreign Exchange Students only, must Complete W-8)

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Home Ph. #: _____ Cell Ph. #: _____

ALL ADDRESS LINES: Cannot use P.O. Box Unless Military Personnel. Include Full Street, City, State, and Zip Code

Home Address: _____

Previous Address, if above is less than 3 yrs. _____

Email Address (optional): _____

Provide a Password you will use when requesting information by telephone: _____

Your Occupation: _____

Employer: _____ Phone #: _____

Employer's Address: _____

Do you plan to use this account for business purpose in any way? [] No [] Yes If yes, please indicate the nature of the business activity: _____

Are you employed by a foreign government? [] No [] Yes If yes, which country: _____

Do you have an immediate family member who is employed by a foreign government? [] No [] Yes _____ (Indicate the country)

How did you hear about us? (Optional)

- [] Advertisement [] Family/Friend [] Business Associate [] Web/Search Engine [] Drive By [] Employee of Anchor [] Employer [] Other

Expected Account Activity: Indicate the type of transactions or services likely to be conducted. Check all that apply, list number of transactions expected *per month* and expected dollar amount of the average transactions. **When the application is being completed by an authorized business signer, indicate "NA" in this section.**

	Number of Transactions	Amount	
<input type="checkbox"/> Currency Deposits			-----
<input type="checkbox"/> Currency Withdrawals			-----
<input type="checkbox"/> Check Deposits			-----
<input type="checkbox"/> ACH Transfers			-----
<input type="checkbox"/> Wires within the US			-----
<input type="checkbox"/> International Wires:	-----	-----	Indicate Which Country(ies)
<input type="checkbox"/> Incoming			
<input type="checkbox"/> Outgoing			

Will you be conducting business internationally, other than wire transfer activity? No Yes If yes, please indicate which countries and the activity that will take place: _____

Have you at any time during the past 12 months maintained any banking account? No Yes If yes, please indicate which bank: _____

At any time during the past 12 months, has any bank or financial institution closed a transaction account without your consent? No Yes If yes, what was the reason? _____

Have you been convicted of a criminal offense because of the use of a check or other similar item with the past 24 months? No Yes

The information I have provided in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

Signed: _____ Date: _____



Are all the authorized signers a customer of Anchor Bank?
If so, please continue to the Business Banking Credit Application. If not, please complete a Business Authorized Signer Application for every signer on the account.

BUSINESS AUTHORIZED SIGNER #2 APPLICATION

Anchor Bank requires the presentation of photo identification prior to establishing an account relationship. Anchor Bank will accept one of the following current forms: Driver's License, State Issued ID, United States Passport, or United States issued Alien ID Card.

Name, Last: _____ First: _____ Full Middle: _____

(Use FULL LEGAL name when completing the above information; No initials or nicknames)

Check appropriate box: I am [] an American Citizen [] a Resident Alien [] a Non-Resident Alien (Foreign Exchange Students only, must Complete W-8)

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Home Ph. #: _____ Cell Ph. #: _____

ALL ADDRESS LINES: Cannot use P.O. Box Unless Military Personnel. Include Full Street, City, State, and Zip Code

Home Address: _____

Previous Address, if above is less than 3 yrs. _____

Email Address (optional): _____

Provide a Password you will use when requesting information by telephone: _____

Your Occupation: _____

Employer: _____ Phone #: _____

Employer's Address: _____

Do you plan to use this account for business purpose in any way? [] No [] Yes If yes, please indicate the nature of the business activity: _____

Are you employed by a foreign government? [] No [] Yes If yes, which country: _____

Do you have an immediate family member who is employed by a foreign government? [] No [] Yes _____ (Indicate the country)

How did you hear about us? (Optional)

- [] Advertisement [] Family/Friend [] Business Associate [] Web/Search Engine [] Drive By [] Employee of Anchor [] Employer [] Other

Expected Account Activity: Indicate the type of transactions or services likely to be conducted. Check all that apply, list number of transactions expected *per month* and expected dollar amount of the average transactions. **When the application is being completed by an authorized business signer, indicate "NA" in this section.**

	Number of Transactions	Amount	
<input type="checkbox"/> Currency Deposits			-----
<input type="checkbox"/> Currency Withdrawals			-----
<input type="checkbox"/> Check Deposits			-----
<input type="checkbox"/> ACH Transfers			-----
<input type="checkbox"/> Wires within the US			-----
<input type="checkbox"/> International Wires:	-----	-----	Indicate Which Country(ies)
<input type="checkbox"/> Incoming			
<input type="checkbox"/> Outgoing			

Will you be conducting business internationally, other than wire transfer activity? No Yes If yes, please indicate which countries and the activity that will take place: _____

Have you at any time during the past 12 months maintained any banking account? No Yes If yes, please indicate which bank: _____

At any time during the past 12 months, has any bank or financial institution closed a transaction account without your consent? No Yes If yes, what was the reason? _____

Have you been convicted of a criminal offense because of the use of a check or other similar item with the past 24 months? No Yes

The information I have provided in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

Signed: _____ Date: _____



Are all the authorized signers a customer of Anchor Bank? If so, please continue to the Business Banking Credit Application. If not, please complete a Business Authorized Signer Application for every signer on the account.

BUSINESS AUTHORIZED SIGNER #3 APPLICATION

Anchor Bank requires the presentation of photo identification prior to establishing an account relationship. Anchor Bank will accept one of the following current forms: Driver's License, State Issued ID, United States Passport, or United States issued Alien ID Card.

Name, Last: _____ First: _____ Full Middle: _____

(Use FULL LEGAL name when completing the above information; No initials or nicknames)

Check appropriate box: I am [] an American Citizen [] a Resident Alien [] a Non-Resident Alien (Foreign Exchange Students only, must Complete W-8)

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Home Ph. #: _____ Cell Ph. #: _____

ALL ADDRESS LINES: Cannot use P.O. Box Unless Military Personnel. Include Full Street, City, State, and Zip Code

Home Address: _____

Previous Address, if above is less than 3 yrs. _____

Email Address (optional): _____

Provide a Password you will use when requesting information by telephone: _____

Your Occupation: _____

Employer: _____ Phone #: _____

Employer's Address: _____

Do you plan to use this account for business purpose in any way? [] No [] Yes If yes, please indicate the nature of the business activity: _____

Are you employed by a foreign government? [] No [] Yes If yes, which country: _____

Do you have an immediate family member who is employed by a foreign government? [] No [] Yes _____ (Indicate the country)

How did you hear about us? (Optional)

- [] Advertisement [] Family/Friend [] Business Associate [] Web/Search Engine [] Drive By [] Employee of Anchor [] Employer [] Other

Expected Account Activity: Indicate the type of transactions or services likely to be conducted. Check all that apply, list number of transactions expected *per month* and expected dollar amount of the average transactions. **When the application is being completed by an authorized business signer, indicate "NA" in this section.**

	Number of Transactions	Amount	
<input type="checkbox"/> Currency Deposits			-----
<input type="checkbox"/> Currency Withdrawals			-----
<input type="checkbox"/> Check Deposits			-----
<input type="checkbox"/> ACH Transfers			-----
<input type="checkbox"/> Wires within the US			-----
<input type="checkbox"/> International Wires:	-----	-----	Indicate Which Country(ies)
<input type="checkbox"/> Incoming			
<input type="checkbox"/> Outgoing			

Will you be conducting business internationally, other than wire transfer activity? No Yes If yes, please indicate which countries and the activity that will take place: _____

Have you at any time during the past 12 months maintained any banking account? No Yes If yes, please indicate which bank: _____

At any time during the past 12 months, has any bank or financial institution closed a transaction account without your consent? No Yes If yes, what was the reason? _____

Have you been convicted of a criminal offense because of the use of a check or other similar item with the past 24 months? No Yes

The information I have provided in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

Signed: _____ Date: _____



Are all the authorized signers a customer of Anchor Bank? If so, please continue to the Business Banking Credit Application. If not, please complete a Business Authorized Signer Application for every signer on the account.

BUSINESS AUTHORIZED SIGNER #4 APPLICATION

Anchor Bank requires the presentation of photo identification prior to establishing an account relationship. Anchor Bank will accept one of the following current forms: Driver's License, State Issued ID, United States Passport, or United States issued Alien ID Card.

Name, Last: _____ First: _____ Full Middle: _____

(Use FULL LEGAL name when completing the above information; No initials or nicknames)

Check appropriate box: I am [] an American Citizen [] a Resident Alien [] a Non-Resident Alien (Foreign Exchange Students only, must Complete W-8)

Social Security #: _____ Driver's License #: _____

Date of Birth: _____ Home Ph. #: _____ Cell Ph. #: _____

ALL ADDRESS LINES: Cannot use P.O. Box Unless Military Personnel. Include Full Street, City, State, and Zip Code

Home Address: _____

Previous Address, if above is less than 3 yrs. _____

Email Address (optional): _____

Provide a Password you will use when requesting information by telephone: _____

Your Occupation: _____

Employer: _____ Phone #: _____

Employer's Address: _____

Do you plan to use this account for business purpose in any way? [] No [] Yes If yes, please indicate the nature of the business activity: _____

Are you employed by a foreign government? [] No [] Yes If yes, which country: _____

Do you have an immediate family member who is employed by a foreign government? [] No [] Yes _____ (Indicate the country)

How did you hear about us? (Optional)

- [] Advertisement [] Family/Friend [] Business Associate [] Web/Search Engine [] Drive By [] Employee of Anchor [] Employer [] Other

Expected Account Activity: Indicate the type of transactions or services likely to be conducted. Check all that apply, list number of transactions expected *per month* and expected dollar amount of the average transactions. **When the application is being completed by an authorized business signer, indicate "NA" in this section.**

	Number of Transactions	Amount	
<input type="checkbox"/> Currency Deposits			-----
<input type="checkbox"/> Currency Withdrawals			-----
<input type="checkbox"/> Check Deposits			-----
<input type="checkbox"/> ACH Transfers			-----
<input type="checkbox"/> Wires within the US			-----
<input type="checkbox"/> International Wires:	-----	-----	Indicate Which Country(ies)
<input type="checkbox"/> Incoming			
<input type="checkbox"/> Outgoing			

Will you be conducting business internationally, other than wire transfer activity? No Yes If yes, please indicate which countries and the activity that will take place: _____

Have you at any time during the past 12 months maintained any banking account? No Yes If yes, please indicate which bank: _____

At any time during the past 12 months, has any bank or financial institution closed a transaction account without your consent? No Yes If yes, what was the reason? _____

Have you been convicted of a criminal offense because of the use of a check or other similar item with the past 24 months? No Yes

The information I have provided in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

Signed: _____ Date: _____

For Anchor Bank internal use only	
Date received:	_____
Received by:	_____
How received:	_____

General Business Information

Legal name of the business:			
Franchise or Doing-Business-As name (if applicable):			
Mailing address:			
Web site:			
Legal structure (e.g., S-Corp):	Tax ID Number:		
Date business started:	Business phone number:		
Present ownership since (date):	Business fax number:		
Where is the business deposit relationship maintained?	State of incorporation or organization:		

Business location address (please list all locations, beginning with the primary location)

Street Address	City	State	Zip	Own or Lease	Monthly rent / mortgage pmt	Term of lease with options

Please describe the nature of your business (type of business, business strategy, market niche or competitive advantage, competition, key customers, location of inventory, any vendor concentrations, etc.)

Business Ownership Information

Principal / Owner / Signer Name (please list all owners)	Title	"x" if a signer	Social Security Number	Ownership %

Please describe the business management structure, key individuals, succession plans, etc.

Does your business, its owners or majority stockholders own or have an interest in other businesses? If yes, please describe the level of management in other business and percent of ownership.

Financing Request Information

Please describe the requested financing below. You may specify up to two separate loans. For additional loans, please attach.

Requested Loan #1

Requested loan amount: _____ Requested loan term (in months): _____
 Loan type (check one): Revolving line of credit Term loan Single Payment Other (describe below)
 Description of "Other" loan type: _____

Describe the purpose of the loan (e.g., To purchase real estate; To purchase equipment; To refinance existing debt; etc.)

Describe the asset being purchased or the collateral securing the requested loan. For real estate, include the property address. For vehicles, include the year, make, model, and body type. You may attach this information.

If the purpose of the requested loan is to purchase an asset, what is the full purchase price?: _____
 If the purpose of the requested loan is to purchase an asset, what is the amount of your down payment?: _____

Requested Loan #2

Requested loan amount: _____ Requested loan term (in months): _____
 Loan type (check one): Revolving line of credit Term loan Single Payment Other (describe below)
 Description of "Other" loan type: _____

Describe the purpose of the loan (e.g., To purchase real estate; To purchase equipment; To refinance existing debt; etc.)

Describe the asset being purchased or the collateral securing the requested loan. For real estate, include the property address. For vehicles, include the year, make, model, and body type. You may attach this information.

If the purpose of the requested loan is to purchase an asset, what is the full purchase price?: _____
 If the purpose of the requested loan is to purchase an asset, what is the amount of your down payment?: _____

Existing Debt Information

Please list all of your existing debt below. Place an "x" in the payoff column before the Lender Name for any existing debt that is to be paid off or refinanced with the loans you are requesting from Anchor Bank.

Pay off	Lender Name	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral

Agreement: Signer(s) certify that he/she is authorized to execute this application on behalf of the business named above, and that all information provided, including federal income tax returns is complete, true and correct. Signer(s) understand that misrepresenting information on this statement is a criminal offense under federal law, punishable by a fine and/or imprisonment. Signer(s) authorizes Anchor Bank to obtain personal, consumer, and/or business reports, including inquiries to the Internal Revenue Service, in their names as individuals at any time. Anchor Bank is authorized to answer questions about credit experience with signer(s) and company. If the business is a corporation, partnership or Limited Liability Company, all owners, principals, and members must sign and include their title.

Authorized Signature	Printed Name	Title	Date
Authorized Signature	Printed Name	Title	Date
Authorized Signature	Printed Name	Title	Date
Authorized Signature	Printed Name	Title	Date

Additional documents needed with the Business Banking Credit Application form

When you submit this application, also provide us with the additional documents described below. Please use the Additional Information as a guideline for which documents are needed, or contact your Business Banker for guidance. We look forward to working with you to meet your business financing needs.

x	Document type	Additional Information
	Organizational Documents	Depending on your organizational structure, these may be Certificate of Incorporation, Bylaws, Articles, Certificate of Good Standing, Partnership Agreement, Joint Venture Agreement, Assumed Name Certificate, etc. If you have provided these to Anchor Bank in the past, you only need to provide us with updated documents if changes have occurred.
	Business Tax Returns for the past "x" years	Provide a complete Federal business tax return for the borrower, co-borrower and any related companies. Returns for the past two years are acceptable if the total amount of loans you have with Anchor Bank is less than \$100,000. Otherwise, three years of business tax returns are needed.
	Fiscal year-end business financial statements for the past "x" years	<p>For the borrower, co-borrower and any related companies. Please provide accountant-prepared financial statements, if available. If your requested loan amount is greater than \$2,000,000, audited or reviewed financial reports will be required (please talk with your Anchor Bank lender to determine the type of financial reporting needed). If accountant-prepared reports are not available, company-prepared financial statements may be acceptable.</p> <p>If the total amount of loans you have with Anchor Bank is less than \$500,000 and the Tax Returns you are providing to us are prepared on an accrual basis, these fiscal year-end financial statements are not required. Also, if the total amount of loans you have with Anchor Bank is less than \$500,000 and your loan request is for real estate financing only, these fiscal year-end financial statements are not required.</p> <p>If the total amount of loans you have with Anchor Bank is less than \$100,000, then financial statements for the past two years are acceptable. If the total amount of loans you have with Anchor Bank is more than \$100,000, then financial statements for the past three years are needed.</p>
	Interim financial statements	For the borrower, co-borrower and any related companies for the current and prior year. These interim statements should be current as of the most recent fiscal quarter-end. Please provide these if it has been over 6 months since your last fiscal year-end. If your loan request is for real estate financing only, these interim financial statements are not required.
	Accounts Receivable Aging report	Not required if your loan request is for real estate financing only.
	Accounts Payable Aging report	Not required if your loan request is for real estate financing only.
	Copies of any invoices or purchase agreements	Purchase agreements are needed if the requested loans are to purchase a business or real estate. Invoices or purchase agreements are needed if the requested loans are to purchase fixed assets (such as equipment or vehicles).
	Rent Rolls and copies of Lease Agreements	These are needed if the requested loan will be secured by rental (income-producing) real estate.
	Personal Financial Statements	For all personal guarantors. Please provide this information on an Anchor Bank Personal Financial Statement form.
	Personal Tax Returns for the past two years	Provide a complete Federal tax return for each person (individual) who will be a borrower, co-borrower or guarantor for the requested loan. Include all schedules and K-1 if they were part of the return.
	Business Plan	A Business Plan is needed if the requested loan is for a business start-up or to purchase a business.