

STEARNS BANK

CREDIT APPLICATION

Fax to: 320-845-4982
(Be sure to sign bottom of application)

Company Information:

Name: _____
Address: _____
Primary Contact: _____ Bs. Phone: _____
Fax#: _____ Mobil# _____
Nature of Business: _____ Yrs.in Bus: _____ #of Empl: _____
Principal: _____ Soc.Sec.#: _____
Home Addr: _____ D.O.B: _____

TYPE OF BUSINESS
(Corp, Sole Prop, LLC, Etc.)

TAX ID

STATE OF INC.

DATE OF INC.

Bank and Credit Information:

Bank Name/Addr: _____
Acct.Officer: _____ Ph#: _____ Acct#: _____
Bank Name/Addr: _____
Acct.Officer: _____ Ph#: _____ Acct#: _____
Trade Reference: _____ Contact / Ph#: _____
Trade Reference: _____ Contact / Ph#: _____
Trade Reference: _____ Contact / Ph#: _____

Transaction Information: This section to be completed by dealer. If faxing direct to Fin. Co., leave blank and dealer will call them and provide info.

Equipment: _____
Serial #: _____ Hours Operated: _____
Attachment(s): _____
Trade-in(s): _____
Plan #: _____ Term: _____

Sale price: _____
Taxes: _____
Net Rental: _____
Down Pmt: _____
Net Trade: _____
Doc Fees: _____
Amount to finance: _____

Distributor Information:

Name: _____ Rep: _____ Phone#: _____

*NOTICE TO CREDITORS TO WHOM THIS MAY CONCERN:

This will be your authority and my request to you to release any information requested concerning personal or company credit standing. Each of the undersigned hereby acknowledges that STEARNS BANK will obtain a consumer credit report concerning them.

Signature: _____ Date: _____ Signature: _____ Date: _____