ROOT RIVER STATE BANK
18 3RD ST SE PO BOX 517
CHATFIELD MN 55923 (507) 867-4120

BUSINESS ACCOUNT APPLICATION

FULL NAME OF BUSINESS (IRS LEGAL NAME)	TAX IDENTIFICATION NUMBER	HOW LONG IN BUSINESS?	CORPORATE PAPERS/RESOLUTIONS ATTACHED?
STREET ADDRESS			WORK PHONE NO.
CITY	STATE	ZIP	YRS AT THIS ADDRESS
PREVIOUS ADDRESS:	STATE	ZIP	YRS AT THIS ADDRESS
FIRST BUSINESS OWNER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE OR OTHER I.D. NO. & EXPIRATION DATE
ADDRESS		HOME PHONE	TITLE WITH BUSINESS
CITY	STATE	ZIP	
SECOND BUSINESS OWNER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE OR OTHER I.D. NO. & EXPIRATION DATE
ADDRESS			TITLE WITH BUSINESS
CITY	STATE	ZIP	HOME PHONE NO.

REFERENCE: NAME OF RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE #
REFERENCE: NON-RELATIVE	ADDRESS	PHONE #

In handling my account, please contact me at ___home ___ business

Send statements or other communications to my __home __business

Do you engage in an Internet Gambling Business? _____Yes _____ No

What is the primary purpose of the business?_____

FOR CHECKING ACCOUNTS BEING OPENED IN MINNESOTA:

Minnesota law requires that I provide the following information. I understand that if I make any false statements here or on the rest of this application, I may be guilty of perjury.

___ I have had a checking account in Minnesota for the 12 months immediately preceding this application at-

NAME OF MINNESOTA FINANCIAL INSTITUTION: _____

ADDRESS: _____

YOUR SIGNATURE: _____

Do you expect to deposit or withdraw cash often from this account?

_____YES _____NO

__ During the 12 months immediately preceding this application my checking account at

_____
NAME OF FINANCIAL INSTITUTION

was closed without my consent. The account was closed for the following reasons: _____

_____

__ During the 24 months immediately preceding this application I was NOT convicted of any criminal offense as a result of using a check or similar instrument.

Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions regarding your credit experience with me. If I am applying for a business account I understand that we have a current need to review your credit worthiness as an individual and I authorize you to check my credit and employment history. I also acknowledge you to verify creditworthiness of above business.

_____
APPLICANT'S SIGNATURE DATE

_____
CO-APPLICANT'S SIGNATURE DATE

ADDITIONAL INFORMATION - FOR BANK USE ONLY

PROCESSED BY: DATE: AFFILIATED CREDIT REPORT:

OFFICERS APPROVAL: CHEX SYSTEMS: