

# COMMERCIAL OVERDRAFT PROTECTION APPLICATION

**AMOUNT OF CREDIT REQUESTING:** \$ \_\_\_\_\_

**NOTICE APPLICANT(S):** ALL SECTIONS SHOULD BE FILLED OUT COMPLETELY, IF NOT, PROCESSING OF YOUR APPLICATION MAY BE DELAYED.

**NOTE:** A \$25.00 ANNUAL FEE APPLIES  
PLEASE SUBMIT CURRENT FINANCIAL STATEMENTS WITH THIS APPLICATION.

## BUSINESS

|   |                  |                          |                    |                  |
|---|------------------|--------------------------|--------------------|------------------|
| BUSINESS NAME   |                  |                          | TAX ID#            |                  |
| FAX NUMBER  | TELEPHONE NUMBER | DO YOU OWN, RENT, OTHER? | MONTHLY PAYMENT \$ |                  |
| STREET ADDRESS  | CITY             | STATE                    | ZIP CODE           | HOW LONG (YEARS) |
| IF RESIDING AT PRESENT ADDRESS LESS THAN TWO YEARS, COMPLETE THE FOLLOWING: |                  |                          |                    |                  |
| PREVIOUS ADDRESS  | CITY             | STATE                    | ZIP CODE           | HOW LONG (YEARS) |

## SIGNER/GUARANTOR

|   |                  |                          |                    |                  |  |
|---|------------------|--------------------------|--------------------|------------------|--|
| LAST NAME   |                  | FIRST                    | MIDDLE             |                  |  |
| FAX NUMBER  | TELEPHONE NUMBER | DO YOU OWN, RENT, OTHER? | MONTHLY PAYMENT \$ |                  |  |
| STREET ADDRESS  | CITY             | STATE                    | ZIP CODE           | HOW LONG (YEARS) |  |
| IF RESIDING AT PRESENT ADDRESS FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING: |                  |                          |                    |                  |  |
| PREVIOUS ADDRESS  | CITY             | STATE                    | ZIP CODE           | HOW LONG (YEARS) |  |

## SIGNER/GUARANTOR

|   |                  |                          |                    |                  |  |
|---|------------------|--------------------------|--------------------|------------------|--|
| LAST NAME   |                  | FIRST                    | MIDDLE             |                  |  |
| FAX NUMBER  | TELEPHONE NUMBER | DO YOU OWN, RENT, OTHER? | MONTHLY PAYMENT \$ |                  |  |
| STREET ADDRESS  | CITY             | STATE                    | ZIP CODE           | HOW LONG (YEARS) |  |
| IF RESIDING AT PRESENT ADDRESS FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING: |                  |                          |                    |                  |  |
| PREVIOUS ADDRESS  | CITY             | STATE                    | ZIP CODE           | HOW LONG (YEARS) |  |

### FIRST COMMERCIAL BANK

Member  
**FDIC**

8500 Normandale Lake Blvd. Suite 110 | Bloomington, MN 55437  
Tel: 952.903.0777 | Fax: 952.903.9365 | www.1stcommercialbank.com



