210 South Main Avenue	216 South Ellery Avenue	202 South Main Street			
PO Box 199	PO Box 465	PO Box 178	OFAC Verified		
Rugby, ND 58368	Fairview, MT 59221	Towner, ND 58788			
Ph – 701-776-5811	Ph – 406-742-5203	Ph – 701-537-5441			
Fax – 701-776-5950	Fax – 406-742-5579	Fax - 701-537-5922			
Merchants Bank NMLS#8	B12729 Peter Burgard N	NMLS #1415729 Cody Melga	ard NMLS #1415787		
Wade George NMLS #703941					

You may apply for an extension of credit individually or jointly with another applicant. This statement and any applicable supporting schedules may be completed jointly by co-applicants if their assets and liabilities can be meaningfully and fairly presented on a combined basis, otherwise separate statements and schedules must be provided. If you are applying for an unsecured individual loan, you do not need to complete any information concerning a co-applicant unless another person will be permitted to use the account or you wish the co-applicant's or other person's income to be relied upon as the basis for repayment. For the purpose of obtaining credit from time to time with the bank, the following statement and information are furnished as a complete, true, and accurate statement of the financial condition of the undersigned on

Amount of loan requested:

Terms: _____

CREDIT APP/FINANCIAL STATEMENT

Collateral Offered: _____

Merchants Bank

	APPLICANT				CO-APPLICANT					
Full Name					Full Name					
Street Address					Street Address					
City/State/Zip			City/State/Zip							
County			County							
Since	Own		🗆 Re	ent	Since		🗆 Own		□ F	Rent
Previous Address (if less than 5 years at present)			Previous Address	(if less	than 5 years	at prese	nt)			
City/State/Zip					City/State/Zip					
Since	Own		🗆 Re	ent	Since 🛛 Own		🗆 Own		□ F	Rent
Social Security#		Date of	Birth		Social Security # Date of			te of Birth	ו	
Phone: Resident		Work			Phone: Residence Work					
Employer					Employer					
Address					Address					
Position/Title			Since		Position/Title		Since			
Previous Employer		•			Previous Employer					
Position/Title How Long			Position/Title How Long							
Dependents (include self)		Dependents (inclu	ide self	F)						
Marital Status*	nmarried	Married		Separated	Marital Status*	0 U	Inmarried	Mar	ried	Separated

• Do not provide this information if your application is for individual, unsecured credit.

ASSETS	LIABILITIES
Cash (Sch 1)	Short Term Notes Due Financial Inst (Sch 7)
Securities (Sch 2)	Short Term Notes Due to Others (Sch 7)
Life Insurance Cash Value (Sch 3)	Credit Accounts and Bills Due (Sch 8)
Mortgages and Contracts Held by You (Sch 4)	Insurance Loans (Sch 3)
Homestead (Sch 5)	Installment Loans and Contracts (Sch 7)
Other Real Estate (Sch 5)	Mortgages on Home (Sch 5)
Profit Sharing & Pension (Sch 6)	Mortgages on Other Real Estate (Sch 5)
Retirement Accounts, include IRA Accts (Sch 1)	Taxes
Automobile (Describe)	Other Liabilities (Describe)
Personal Property	
Other Assets (Describe)	
	TOTAL \$
TOTAL \$	(Total Assets Less Total Liabilities) NET WORTH \$

Please contact your banker if you need assistance with completing these schedules.

*ANNUAL INCOME	APPLICANT	CO-APPLICANT	PLEASE ANSWER EACH QUESTION (Yes/No)	Ap.	Co-Ap.
Salary			Are you a defendant in any suit or legal action?		
Bonuses/Commissions			Are you a Co-Maker, Endorser or Guarantor		
Dividends/Interest			of any other person's debt?		
*Income from alimony, child support, or maintenance payments need not be entered unless you want it considered as			Have you ever gone through bankruptcy or had a judgment against you?		
a base for repayment.					
Other (List)					
TOTAL \$					

SCHEDULE 1: CASH, SAVINGS CERTIFICATES AND IRA ACCOUNTS

Name of Bank or Financial Institution	Type of Account	Acct Balance

TOTAL \$_____

SCHEDULE 2: SECURITIES OWNED

Par Value or No. of Shares	Description	Registered in Name(s) of	Listed or Unlisted	Current Market Value

TOTAL \$_____

SCHEDULE 3: LIFE INSURANCE

Insurance Company	Insured	Beneficiary	Face Value Of Policy	Cash Value Of Policy	Loans
TOTAL \$					

SCHEDULE 4: RECEIVABLES DUE TO ME ON MORTGAGES AND CONTRACTS TO OWN

Name of Debtor	Description of Property	First Lien or Second Lien	Date of Maturity	Repayment Terms	Balance Due	
				per		
TOTAL \$						

SCHEDULE 5: REAL ESTATE OWNED

	Purchase Price	Balance	Maturity	Repayment Terms	Current Market Value
				per	
				per	
				per	

SCHEDULE 6: PROFIT SHARING AND PENSION

Type of Account	Account Balance	Amount Totally Vested	Loans
	Type of Account		

TOTAL \$_____

SCHEDULE 7: INSTALLMENTS, CREDIT LINES AND NOTES

Collateral	Date of Maturity	Repayment Terms	Balance Due
		per	
	Collateral		Collateral Maturity Repayment Terms per per per per per per

TOTAL \$_

SCHEDULE 8: CREDIT ACCOUNTS, BILLS DUE, ALIMONY/CHILD SUPPORT, DAY CARE, ETC

Name of Company	Repayment Terms	Balance Due		
	per			
	per			
	per			
TOTAL \$				

I authorize you to take steps to verify my identity. You certify that the information provided in this statement is true and correct. So long as you owe any sums to the bank, you agree to give the bank prompt written notice of any material change in your financial condition and, upon request, you agree to provide the bank with an updated personal financial statement. The bank is authorized to retain this personal financial statement whether or not credit is approved and is further authorized to verify your credit and employment history or any other information in this statement. This application does not obligate the bank to make any loan even if you meet the normal standards the bank considers in determining whether to approve or deny the application.

It is our intent to apply for joint credit. _____ (initials) _____ (initials)

Applicant's Signature

Date

Co-Applicant's Signature

Date