

Appendix to Application for Credit

FAX Application to: 231-864-2303

ATS ID:	Business Name:
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Complete for each individual who owns, directly or indirectly, 25% or more of the equity interests.

Name:	Date of Birth:
Address (Residential or Business):	
For U.S. Persons	
Social Security Number:	
For Foreign Persons	
Passport Number ¹ :	Country of Issuance:

Does this person have significant responsibility for managing the legal entity listed above? Yes No

Name:	Date of Birth:
Address (Residential or Business):	
For U.S. Persons	
Social Security Number:	
For Foreign Persons	
Passport Number ¹ :	Country of Issuance:

Does this person have significant responsibility for managing the legal entity listed above? Yes No

Name:	Date of Birth:
Address (Residential or Business):	
For U.S. Persons	
Social Security Number:	
For Foreign Persons	
Passport Number ¹ :	Country of Issuance:

Does this person have significant responsibility for managing the legal entity listed above? Yes No

If none of the owners listed on the credit application or application appendix have significant management responsibility for the business, please complete the following section for an individual who does

Name:	Date of Birth:
Address (Residential or Business):	
For U.S. Persons	
Social Security Number:	
For Foreign Persons	
Passport Number ¹ :	Country of Issuance:

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.