

			Today's Date:	
1270	6 South Robert Street • West St. I	Paul, MN 55118 • Phone: 651-457-6842 •	Fax: 651-457-7531 • <u>www.pateb</u>	onding.com
		ary of State)	·	_
Primary E-Mail		Primary Phor	Primary Phone:	
			Any Changes to Mailing or Shipping Address? Yes _	
If yes to the above qu	uestions please note change	s		
Are there any change	es in ownership or key emplo	oyees? Yes No If yes Ple	ase list new ownership break	down or key
positions.				
List Affiliated, Subsidiary	y or Related Companies in Whic	h This Firm or Its Stockholders/Owners H	ave Interest	
Fiscal Year End:_				
ary Banking Relations	ship			
Bank Name	Contact Person	Phone Number	Email	
gth of Relationship	Line of Credit	Maturity Date	Current Balance	
ounting Relationship I				
n Name	Contact Person	Phone Number	Email	
est Contracts Comple	eted Within Last 3 Years			
Owner or General Contractor and Mailing Address		Contact Person and Phone Number	Contract Amount	Date Comple
ompleted By:		·		
	for Year end file update: tatements CPA statement	s if avaialble or in-house balance she	et and income statement on a	accrual basis
Bank Reference (atta	ched) Sign and send to ba			