



7600 Parklawn Avenue Edina, MN 55435

Phone: 952-831-6600

Fax: 952-831-1828

www.scale.bank

Business Debit Card Application Form

Please complete this section for all new card requests

Company Name					
Cardholder					
Street:					
City:		State:		Zip:	
Social Security Number:					
Cell Phone Number: *Required Used when fraud is detected					
Email address:					
Checking Account Number:					
Savings Account Number:					
Signature:				Date:	

A Better Way To Pay.

Reduce the need for checks or cash

Increased purchasing flexibility, convenience and safety

Increase money management capabilities

Easier and more accurate record keeping

Insure and protect your business

With extensive business and travel services

For office use only:

New <input type="checkbox"/>	Card # _____
Reissue <input type="checkbox"/>	Reason _____
	Fraud? Yes ___ No ___
	Date _____ Initials: _____