



MARINE BANK

BUSINESS ACCOUNT ANALYSIS

Business Name: _____ Date: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Number: _____

Email: _____ Best time to Contact: _____

Please describe what service you would like further information on:

Business Checking

Corporate Credit Cards

Sweep Services

Positive Pay

Online Cash Management Services

Lock Box Services

Merchant Services

Remote Deposit Capture

Other Not Listed

Other Not Listed

Other Not Listed

Other Not Listed

Notes

Please Forward the completed form to:

By Mail:

Marine Bank
Attn: Cash Management Services
3050 Wabash Ave
Springfield IL 62704-6413

By Email:

support@ibankmarine.com

By Fax:

217-726-0649