

New Business Account Application

ACCOUNT TYPE: Checking Savings Money Market CD Safe Deposit Box

OWNERSHIP OF ACCOUNT: Sole Proprietorship Limited Liability Company Corporation General Partnership
 Limited Partnership Limited Liability Partnership Non-Profit Organizations and Associations
 Public and Governmental Unit IOLTA Account, Interest of Lawyers Trust

Business Applicant Information

Business Name: _____ TIN/EIN#: _____

Business Phone #: _____ Fax #: _____

Bus. Physical Address: _____
(REQUIRED) Street City, State Zip

Bus. Mailing Address: _____
 Street/PO Box City, State Zip

Email Address: _____ Website Address: _____

Type of Business: _____

Type of account activity anticipated by business on requested account:

Direct Deposit: _____ NO _____ YES
Wire Transfers: _____ NO _____ YES (Domestic or International?)

Will business engage in any of the following?

Check Cashing: _____ NO _____ YES Dollar amount limit for cashing? \$ _____
Selling Money Orders: _____ NO _____ YES
Lottery Sales: _____ NO _____ YES
Money Transfers: _____ NO _____ YES (MoneyGram, Western Union, etc.)
Internet Gambling: _____ NO _____ YES
Marijuana Related Business: _____ NO _____ YES

I certify that everything I have stated in the application and on any attachments is correct. Federal law requires institutions to obtain information to verify my identity. I may be required to provide one or more forms of identification with this requirement. Our privacy policy and Federal law protect the information provided.

Business Name _____ Date _____

Print Name & Title _____ Signature _____

For Institution Use only

Corporation: <input type="checkbox"/> Secretary of State Registration	<input type="checkbox"/> LOW RISK
Limited Liability <input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> HIGH RISK
All Partnerships: <input type="checkbox"/> Articles of Org. of LLC & Operating Agreement	Check Cashing, Gas Station, Retail Business, Leather Goods, Dealerships, Travel Agencies, Brokers, Jewelry Dealer, Lawyers, Accountants, Investment Brokers, Ship/Bus/Plane Operators
Non-Profit Org/Assoc: <input type="checkbox"/> Partnership Agreement	
<input type="checkbox"/> By-Laws/Minutes	

Approved: _____ Not Approved: _____ Date: _____ Officer's Initials: _____ Account #: _____

Agent Designation Information

Title: _____

Name: _____ SS#: _____
Last Name First Name Middle Name

DOB: _____

Drivers License Number: _____ Issue Date: _____ Expiration Date: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Place of Birth: _____ Mothers Maiden Name: _____ Email Address: _____

Physical Address: _____
(REQUIRED) Street City, State Zip

Mailing Address: _____
Street/PO Box City, State Zip

Occupation: _____ Employer: _____ Phone #: _____

Name of Nearest Relative Not Living with You: _____ Relationship: _____

Address: _____ Phone #: _____

I certify that everything I have stated in the application and on any attachments is correct. By signing below I authorize you to check my credit, account, and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to take steps to verify my identity.

Agent's Signature/Authorized Signer _____ Date _____

Agent Designation Information

Title: _____

Name: _____ SS#: _____
Last Name First Name Middle Name

DOB: _____

Drivers License Number: _____ Issue Date: _____ Expiration Date: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Place of Birth: _____ Mothers Maiden Name: _____ Email Address: _____

Physical Address: _____
(REQUIRED) Street City, State Zip

Mailing Address: _____
Street/PO Box City, State Zip

Occupation: _____ Employer: _____ Phone #: _____

Name of Nearest Relative Not Living with You: _____ Relationship: _____

Address: _____ Phone #: _____

I certify that everything I have stated in the application and on any attachments is correct. By signing below I authorize you to check my credit, account, and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to take steps to verify my identity.

Agent's Signature/Authorized Signer _____

For Institution Use only (recommended)

Agents: Copy of DL OFAC Credit Report CIP Grid (if new customer) Proof of address (if discrepancy)

Business: Resolution Initial Deposit _____ Combined Statements _____ Debit Card _____ Online Banking _____ E-Statements