



New Business Account Application

Type of Account Desired: (check any that apply) BUSINESS ACCOUNT
 Free Business Checking Business Checking Commercial Checking Analysis Organization Basic Checking
 Business Money Market Corporate Transaction Package Business Savings Certificate of Deposit

Classification: Corporation Sole-Proprietorship Partnership LLC Organization

Name(s) of Account Holders/Signers

Full Name of Business	TIN	Resolution Date
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Info Obtained: Articles of Incorporation Partnership Agreement Proof of TIN Secretary of State Record

1) _____ 2) _____
 Full Name of Account Signer Job Title Full Name of Account Signer Job Title

3) _____ 4) _____
 Full Name of Account Signer Job Title Full Name of Account Signer Job Title

Business E-mail addresses: 01) _____ 02) _____

Physical Address of Business _____

Mailing Address: _____

Business Phone: _____ Additional Contact Phone: _____

Referred by: _____

Do you know any bank employees personally? _____ If so who? _____

Types of services you may utilize?

- Wires: ___ Foreign or ___ Domestic Direct Deposit
- ACH: ___ Foreign or ___ Domestic Internet Banking

Business Customer:

Money Service Business **OR** Non-MSB

Money Service Business Registration Date: _____

- | | |
|--|--|
| Check Casher? <input type="checkbox"/> Yes <input type="checkbox"/> No | Convenience Store? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No | Restaurant/Bar? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lottery Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No | Grocery Store? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Currency Exchanger? <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquor Store? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Transmitter? <input type="checkbox"/> Yes <input type="checkbox"/> No | Dealership? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remote Deposit Capture? <input type="checkbox"/> Yes <input type="checkbox"/> No | Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Card Merchant Account? <input type="checkbox"/> Yes <input type="checkbox"/> No | Accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently or plan to have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other: _____

If "delayed deposit service," currency exchanger or money transmitter, Division of Banking Licensing Date: _____

Internet Gambling? Yes No

Signature 1) _____ 2) _____ Date: _____

Bank Use: Port Number: _____ Account Number: _____

Business Checks Ordered : _____ Deposit Tickets _____ Stamp _____

Notations: _____