

BANK OF COMMERCE ACCOUNT APPLICATION

ACCOUNT NUMBER _____

DATE _____

NEW CUSTOMER

FORMER CUSTOMER

PRESENT CUSTOMER

OWNERSHIP TYPE

ACCOUNT TYPE

SERVICES

SOLE OWNER

CHECKING ACCOUNT

BOC Connection

JOINT W/ RIGHT OF SURVIVORSHIP

SAVINGS ACCOUNT

BOC ePay

TRUST

MONEY MARKET ACCOUNT

BOC InfoLine

FIDUCIARY

CD

eStatements
(email statements & notices)

SAFE DEPOSIT BOX

EFUNDS _____

SOURCE OF FUNDS _____

TYPE OF DEPOSIT _____

Please answer the following questions so we can ensure we are meeting your expectations for the account:

Do you anticipate sending wires?

Yes
 No

Yes
 No

How Often?

Daily Weekly Monthly

Do you anticipate receiving wires?

Yes
 No

Yes
 No

How Often?

Daily Weekly Monthly

Do you anticipate depositing cash into your account?

___ Yes ___ No

Daily Weekly Monthly

Do you anticipate withdrawing cash from your account?

___ Yes ___ No

Daily Weekly Monthly

Do you expect International ACH's?

Yes No

How Often?

Daily Weekly Monthly

Do you expect payments to/from PayPal?

Yes No

How Often?

Daily Weekly Monthly

Will this account be used at any time for the purchase of products, sales or cultivation of marijuana/cannaboids, or any of its byproducts including CBD oils, hemp oils, etc.?

Yes No

Will this account be used at any time for transactions with a business or individual known to serve marijuana-related businesses such as professional services firms (e.g., attorneys, accountants, registered agents, etc.) and commercial property owners?

Yes No

PRIMARY ACCOUNT HOLDER INFORMATION

LEGAL NAME _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE # & STATE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHYSICAL ADDRESS - if different from mailing address _____

CITY _____

STATE _____ ZIP _____

HOME PHONE # _____

CELL PHONE # _____

EMPLOYER _____

OCCUPATION _____

EMPLOYER PHONE # _____

NEAREST RELATIVE NOT LIVING WITH YOU _____

RELATIONSHIP _____

PHONE # _____

JOINT ACCOUNT HOLDER INFORMATION

LEGAL NAME _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE # & STATE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHYSICAL ADDRESS - if different from mailing address _____

CITY _____

STATE _____ ZIP _____

HOME PHONE # _____

CELL PHONE # _____

EMPLOYER _____

OCCUPATION _____

EMPLOYER PHONE # _____

NEAREST RELATIVE NOT LIVING WITH YOU _____

RELATIONSHIP _____

PHONE # _____

Bank of Commerce, is authorized to check credit history and to answer questions about the credit experiences with this account.

I also certify that all the above information is correct and accurate.

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____