

**NEW BUSINESS ACCOUNT SERVICE APPLICATION**

PLEASE FILL OUT A PERSONAL APPLICATION FOR ALL AUTHORIZED SIGNERS ON THIS ACCOUNT

Account Number Assigned: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name of Business or Individual \_\_\_\_\_ DBA \_\_\_\_\_

**Form of Organization**

____ Corporation	State where incorporated _____	Date: _____
____ Limited Liability Company	State where organized _____	Date: _____
____ Limited Partnership	State where agreement filed _____	Date: _____
____ Joint Venture	Agreement? Y <input type="checkbox"/> or N <input type="checkbox"/>	If yes, Date: _____
____ General Partnership	Agreement? Y <input type="checkbox"/> or N <input type="checkbox"/>	If yes, Date: _____
____ Sole Proprietorship		

**Employer Identification Number** \_\_\_\_\_

If Sole Proprietorship, please provide Social Security Number: \_\_\_\_\_

**Business Address (if P. O. Box, please include physical address)** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**E-mail/website:** \_\_\_\_\_

**Description or nature of business (i.e. products, services offered)** \_\_\_\_\_

**Amount of First Deposit:** \_\_\_\_\_ **Source of Funds:** Check \_\_\_\_\_ Cash \_\_\_\_\_ Internal Transfer \_\_\_\_\_

**Do you/will you cash checks for people?** Y  or N  Daily Amount? \_\_\_\_\_

**Do you/will you perform wire transfer services (Western Union, Moneygram, etc.)?** Y  or N  Daily Amount? \_\_\_\_\_

**Do you/will you sell money orders?** Y  or N  Daily Amount? \_\_\_\_\_

**Are you a Money Service Business?** Y  or N  Daily Amount? \_\_\_\_\_

**Do you/will you be sending or receiving any international wires?** Y  or N  Expected Volume? \_\_\_\_\_

**Does your company engage in Internet Gambling?** Y  or N

**Does your company/business have an ATM onsite?** Y  or N  **Do you Service (provide cash) for that ATM?** Y  or N

If not you, who does? \_\_\_\_\_ What is the average weekly volume of cash dispersed? \_\_\_\_\_

**Are you engaged in a Marijuana Related Business, including growing, shipping, storing, and/or selling? This would also include marijuana used for medical purposes.** Y  or N

**Types of deposits/withdrawals typically made?** Cash \_\_\_\_\_ Checks \_\_\_\_\_ Electronic \_\_\_\_\_ Wire Transfers \_\_\_\_\_ Other \_\_\_\_\_

**If other, please specify:** \_\_\_\_\_

**Please check the services you expect to use with our bank, their frequency (daily, weekly, etc.) and their average dollar amounts where requested:**

\_\_\_\_ **Deposits** Frequency \_\_\_\_\_ Average Amount \$ \_\_\_\_\_

\_\_\_\_ **Cash Withdrawals** Frequency \_\_\_\_\_ Average Amount \$ \_\_\_\_\_

\_\_\_\_ **Wire Transfers** Frequency \_\_\_\_\_ Average Amount \$ \_\_\_\_\_

\_\_\_\_ **International Wire Transfers** Frequency \_\_\_\_\_ Average Amount \$ \_\_\_\_\_

\_\_\_\_ **Overdraft Benefits** Frequency \_\_\_\_\_ Average Amount \$ \_\_\_\_\_

\_\_\_\_ **Loans** \_\_\_\_ **Safe Deposit Box** \_\_\_\_ **Night Deposit Service** \_\_\_\_ **Direct Deposit**

\_\_\_\_ **Direct Withdrawal** \_\_\_\_ **ACH Origination**

**I Would Like To Sign Up for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Business Debit Card                                      | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> Business Credit Card                                     | <input type="checkbox"/> Mobile Banking   |
| <input type="checkbox"/> Credit Card Processing Services                          | <input type="checkbox"/> Text Banking     |
| <input type="checkbox"/> Merchant Capture<br>deposit checks from your office 24/7 |   |

**The information I have provided is correct to the best of my knowledge. I authorize this financial institution to check credit and/or employment history should it be deemed necessary.**

X \_\_\_\_\_  
(Signature of authorized signer/owner/partner)

**Date:** \_\_\_\_\_