

COMMERCIAL ACCOUNT APPLICATION

ACCOUNT TYPE, OTHER SERVICES AND OWNERSHIP			
Account Type / Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ownership / Entity	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> LLP (Ltd Liab Partnership)
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC (Ltd Liability Company)	<input type="checkbox"/> Non-profit Corporation
<input type="checkbox"/> IOLTA	<input type="checkbox"/> Government / Public	<input type="checkbox"/> Trust / Estate	<input type="checkbox"/> Joint Venture
		<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Professional Associatn (PA)
			<input type="checkbox"/> Other

BUSINESS / ORGANIZATION INFORMATION *			
<input type="checkbox"/> New Customer		<input type="checkbox"/> Existing Customer	
Cust Number: _____			
Legal Name	Taxpayer ID Number	Organization Date	
DBA Name(s)			
Description of Business, Nature of Operations or Activities			
Street Address (No Post Office Boxes)	City	State	Zip
Mailing Address (If Different from Street Address)	City	State	Zip
Telephone (Primary)	Telephone (Alternate)	Website Address	Email Address

OWNER / PRINCIPAL / REPRESENTATIVE *			
Cust Number: _____			
Last Name	First Name, MI	Social Security Number	Date of Birth
Street Address (Residence, No Post Office Boxes)	City	State	Zip
Email Address	Telephone	Telephone (Work)	Telephone (Mobile)
Relationship to Business (Owner, officer, etc.)	Occupation / Profession	Employer (if other than the business above)	
Owner / Principal / Representative ID Security Question	ID Security Answer	Place of Birth	

CERTIFICATION The undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application and to obtain third-party reports on the applicant(s) at any time. Untrue statements or misrepresentations may result in the termination of this account.	
Business Owner / Principal / Representative Signature X	Date

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE To help the government fight funding of terrorism and money laundering activities, federal law requires that financial institutions obtain, verify, and record information identifying each person opening an account. When an account is opened by a new customer, we will request name, street address, date of birth and other information which will allow us to identify such customer. For customers which are legal entities, we will request appropriate documents establishing status, account authorization, etc. We may also require presentation of a driver's license, passport or other identifying documents for individuals opening accounts for themselves or on behalf of an organization or legal entity.

ACCOUNT PURPOSE AND ANTICIPATED TRANSACTION TYPES

1. Anticipated use(s) of this account: Commercial / Business Investments Other (describe)
2. Is this account to be opened by an individual acting as a trustee, agent or representative for another person or organization?... Yes No
3. Will funds be **wire transferred** to or from this account from or to other financial institutions on a regular basis? Yes No
4. Will currency in amounts of \$5,000 or more in one day be **deposited** or **withdrawn** on a regular basis?..... Yes No
5. Will funds be transferred by **ACH** into or from this account on a regular basis?..... Yes No
6. Will this account be used to receive or make payments related to an e-commerce **internet website**?..... Yes No
7. Does the business offer check cashing, funds transfers, money orders, travelers checks or stored value cards?..... Yes No
8. Is this account for a company or operation which is part of a group of affiliated enterprises or activities?..... Yes No
9. Number of owners, shareholders or partners: _____ Number of owners with 20% or more control: _____

ACCOUNT CONTROL OPTIONS

1. Will multiple signatures be required for disbursements from this account?..... Yes No
2. If multiple signatures, number of signatures: _____ dollar threshold \$ _____
3. Will facsimile signatures (check-signing machine, program or stamp) be used for checks on this account? Yes No

Referred by	Prior / Existing Financial Institution Relationship(s)
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TO OPEN A NEW DEPOSIT ACCOUNT, you must provide a taxpayer identification or other identifying number and the appropriate entity identification documents listed below. Bank personnel may, at their discretion, request additional documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements.

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|---|--|
| <ol style="list-style-type: none"> 1. Sole Proprietorship: Assumed Name Certificate, if applicable; any applicable State-issued business license(s). 2. Corporation (including Non-profit corporations): Certificate / Articles of Incorporation; Corporate Resolution; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. 3. Limited Liability Corporation (LLC): Certificate of Organization; Resolutions; excerpt from Articles of Organization documenting appointment of manager, member or officer responsible for business matters; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. 4. Partnership: Partnership Agreement; Partnership Resolutions; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. | <ol style="list-style-type: none"> 5. Limited Liability Partnership (LLP): Certificate of Organization; Resolutions; Partnership Agreement documenting appointment of partners or managing partner responsible for business matters; any applicable State-issued business license(s); and Assumed Name Certificate, if applicable. 6. Association: Resolutions; Charter, Bylaws, constitution or meeting minutes; IRS Determination Letter (documenting non-profit status, if applicable). 7. Trust: Trust Certification; and excerpts from trust documents with name of trust, name of trustee and successor trustee and signatures of parties who executed the trust document. 8. Estate: Letters of Administration, Letters Testamentary or comparable documents. |
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FOR BANK USE

Account Number		Account Product			Initial Deposit Amount		Initial Deposit Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other		
ATM Limit	CheckCard Limit	OD Protection Limit	Credit Report Date	DAV Report By	Deposit Acct Verification Report Decision <input type="checkbox"/> Accept <input type="checkbox"/> Decline <input type="checkbox"/> Investigate				
Opened By	Reviewed By	Branch	Officer	Credit or Deposit Acct Verification (DAV) Report Notes					

Other Notes, Comments

Organization / Identification Documents Provided

CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)							
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OFAC / Gvt List	List Date	BSA / AML / OFAC Risk Designation	PEP or Other HRC <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes
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Owner / Rep ID Type *	ID Number	Issued By	Issue Place	ID Issue Date		ID Expiration Date
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CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)							
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OFAC / Gvt List	List Date	BSA / AML / OFAC Risk Designation	PEP or Other HRC <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes
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* Grayed / colored cells are for bank use.

Customer ID verification is encouraged but optional under Bank policy for representatives, authorized signers or others who are not owners, partners or principals of the business or organization.

OWNER / PRINCIPAL / REPRESENTATIVE / AUTHORIZED SIGNER							Cust Number:	
Last Name			First Name, MI			Social Security Number		Date of Birth
Street Address (Residence, No Post Office Boxes)				City		State	Zip	
Telephone		Telephone (Work)	Ext	Email Address		Employer (if other than account owner)		
Relationship to Business (Owner, officer, representative, signer, etc.)				Occupation / Profession				
Identification Type *	ID Number		Issued By		Issue Place	ID Issue Date	ID Expiration Date	
OFAC / Gvt List	CIP Verified By	CIP Date	Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)					
ID Security Question				ID Security Answer			Place of Birth	

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