



# Business Account Application

**For all signers, please provide a copy of your Government-issued ID unless the identification provided is a Military ID card.**

Date \_\_\_\_\_

Corporation   
  Partnership   
  Association   
 Account # \_\_\_\_\_  
 LLC   
  Sole Proprietorship   
  Other: \_\_\_\_\_

Business Name \_\_\_\_\_ Password \_\_\_\_\_  
 Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Website Address \_\_\_\_\_  
 Tax Identification # \_\_\_\_\_ Nature of Business \_\_\_\_\_  
 Business Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

First Signer Name \_\_\_\_\_ Password \_\_\_\_\_  
 Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Type \_\_\_\_\_ Phone 2: \_\_\_\_\_ Type \_\_\_\_\_  
 Government-issued ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Occupation \_\_\_\_\_ Title \_\_\_\_\_ Employer \_\_\_\_\_

## Estimated Monthly Activity Averages

<b>Deposits</b>			<b>Withdrawals</b>		
	\$ Amount	# of Items		\$ Amount	# of Items
Cash	_____	_____	CASH	_____	_____
Wire-Foreign	_____	_____	Wire-Foreign	_____	_____
Wire-Domestic	_____	_____	Wire-Domestic	_____	_____
ACH	_____	_____	ACH	_____	_____



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Additional Signer Name \_\_\_\_\_ Password \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone 1: \_\_\_\_\_ Type \_\_\_\_\_ Phone 2: \_\_\_\_\_ Type \_\_\_\_\_

Government-issued ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_ Employer \_\_\_\_\_

Additional Signer Name \_\_\_\_\_ Password \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone 1: \_\_\_\_\_ Type \_\_\_\_\_ Phone 2: \_\_\_\_\_ Type \_\_\_\_\_

Government-issued ID # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_ Employer \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

## Required Documents for Business Accounts

**Corporation:**

Copy of Articles of Incorporation Tax ID #  
Copy of all signers Government-issued ID

**Limited Liability Company (LLC):**

Copy of Articles of Agreement  
Tax ID #  
Copy of all signers Government-issued ID

**Partnership Resolution:**

Copy of Partnership Agreement Tax ID #  
Copy of all signers Government-issued ID

**Sole Proprietorship:**

Copy of Fictitious Name Filing  
Copy of Business License / Occupational  
License in counties where a license is  
required  
Copy of all signers Government-issued ID

**DBA Account:**

Copy of Fictitious Name Filing  
Copy of Business License / Occupational  
License in counties where a license is  
required  
Copy of all signers Government-issued ID

**Unincorporated Association:**

Unincorporated Association Resolution  
Minutes from meeting authorizing the  
bank account and the signers  
Tax ID #  
Copy of all signers Government-issued ID

**Non-Profit:**

IRS Form 501C3 (Required for Commercial  
NOW account)  
Tax ID #  
Copy of all signers Government-issued ID



# Beneficial Ownership Questionnaire

Please complete if your business is a Corporation, LLC, Partnership, Business Trust or other entity registered with a Secretary of State or similar office.

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Name of Natural Person Opening Account \_\_\_\_\_ Title \_\_\_\_\_

*For all individuals, please provide a copy of your Government-issued ID unless the identification provided is a Military ID card.*

Complete the following information for each individual, if any, who, directly or indirectly, **owns 25 percent or more** of the equity interests of the legal entity listed above:

Beneficial Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ If Yes, Social Security # \_\_\_\_\_ **% of Ownership** \_\_\_\_\_

If No, Country of Citizenship \_\_\_\_\_ Tax ID/Passport # \_\_\_\_\_

Beneficial Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ If Yes, Social Security # \_\_\_\_\_ **% of Ownership** \_\_\_\_\_

If No, Country of Citizenship \_\_\_\_\_ Tax ID/Passport # \_\_\_\_\_

Beneficial Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ If Yes, Social Security # \_\_\_\_\_ **% of Ownership** \_\_\_\_\_

If No, Country of Citizenship \_\_\_\_\_ Tax ID/Passport # \_\_\_\_\_

Beneficial Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ If Yes, Social Security # \_\_\_\_\_ **% of Ownership** \_\_\_\_\_

If No, Country of Citizenship \_\_\_\_\_ Tax ID/Passport # \_\_\_\_\_

*Complete the following for an individual with significant responsibility to control, manage or direct the legal entity listed above.:*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ If Yes, Social Security # \_\_\_\_\_

If No, Country of Citizenship \_\_\_\_\_ Tax ID/Passport # \_\_\_\_\_