



Information Needed to Open a New Business Account

ACCOUNT TYPE

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Money Market Account
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit – Term: _____

Account Ownership: Sole Proprietorship C Corp S Corp Limited Liability Company Partnership Non-Profit Other _____

If Limited Liability Company, Tax Structure: C Corp S Corp Partnership

BUSINESS

Business Name				EIN Number	
Business Address (Physical Address)		City	State	Zip	Business Phone
Business Address (Mailing Address) <i>Optional</i>		City	State	Zip	Fax (<i>Optional</i>)
Forms of ID (Can consist of the following) <i>*The Bank must have a copy for its records*</i> <input type="checkbox"/> Articles <input type="checkbox"/> DBA Papers <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Operating Agreement <input type="checkbox"/> By-laws or Charter			Issue Date (mm/dd/yy)		Issued By
			Other		

AUTHORIZED SIGNER 1

First Name		Middle Initial	Last Name		Date of Birth	Social Security Number	
Home Address (Physical Address)			City	State	Zip	Cell Phone	Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit			1 st ID Number			Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
			2 nd ID Number			Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
Birth City			Mother's Maiden Name		Position in Company		
Email Address							

AUTHORIZED SIGNER 2

First Name		Middle Initial	Last Name		Date of Birth	Social Security Number	
Home Address (Physical Address)			City	State	Zip	Cell Phone	Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit			1 st ID Number			Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
			2 nd ID Number			Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
Birth City			Mother's Maiden Name		Position in Company		
Email Address							

AUTHORIZED SIGNER 3

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Cell Phone	Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1st ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2nd ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		
Email Address						

AUTHORIZED SIGNER 4

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Cell Phone	Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1st ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2nd ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		
Email Address						

AUTHORIZED SIGNER 5

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number		
Home Address (Physical Address)		City	State	Zip	Cell Phone	Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1st ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
		2nd ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name		Position in Company		
Email Address						

*** All businesses and signers must pass Chex-Systems. Please include evidence of the two forms of identification for each signer. ***