



Business Account Opening Form

BUSINESS INFORMATION

Business Name		
Business Street Address (no PO Box numbers)		
City	State	Zip
Email Address	Home Phone	Mobile Phone
TIN/EIN		
Type of Business (be specific)		Length of Time in Business

EXPECTED TRANSACTIONS

Cash Transactions: Daily Weekly Monthly Occasionally **Est. Cash per Transaction:** _____

Wires: Daily Weekly Monthly Occasionally **Wire Type:** National International

**Cashier's Checks/
Money Orders:** Daily Weekly Monthly Occasionally

Please attach photocopies of business organizational documents for business verification.

For Bank Use Only

Tax ID verified by: Credit report EIN assignment letter Federal income tax return ChexSystems
 Reference check Financial statement Other: _____

Bus. verified by: Articles of incorporation Articles of organization Trust document Operating agreement
 Partnership agreement DBA paper/sole proprietorship Government-issued business license
 Other: _____

Date of Issuance: _____

CIP Date: _____