



Business Bank Account Application

Please fill out the following information:

CIP Date: _____

Last name	First name	Middle initial
Business street address (no PO Box numbers)		
City	State	Zip
Phone	Email address	

TAX IDENTIFICATION VERIFICATION

TIN/EIN _____

Verified by:

<input type="checkbox"/> Credit report	<input type="checkbox"/> EIN assignment letter	<input type="checkbox"/> ChexSystems	<input type="checkbox"/> Federal income tax return
<input type="checkbox"/> Reference check	<input type="checkbox"/> Financial statement	<input type="checkbox"/> Other: _____	

BUSINESS VERIFICATION

Verified by:

<input type="checkbox"/> Articles of incorporation	<input type="checkbox"/> Articles of organization	<input type="checkbox"/> Trust document	<input type="checkbox"/> Operating agreement
<input type="checkbox"/> Partnership agreement	<input type="checkbox"/> Government-issued business license	<input type="checkbox"/> DBA paper/sole proprietorship	
<input type="checkbox"/> Other: _____			

Date of issuance _____

BUSINESS ACTIVITY

Name of business	Account number
Type of business (be specific)	Length of time in business

How often do you expect to make transactions in this account? Daily Weekly Monthly Occasionally

Cash: _____ (approximate amount)

Wires: Daily Weekly Monthly Occasionally Type: National International

Cashier's checks/money orders: Daily Weekly Monthly Occasionally

Please attach a photocopy of two pieces of identification for each signer.