



Request to Establish a New BUSINESS Account

\*Please provide clear copy of current Articles of Incorporation

Account Title

Account Officer

Product: [ ] DDA [ ] MMA [ ] Savings [ ] IOTA [ ] Trust [ ] CD (specify term) \_\_\_\_\_

Purpose of Account

Primary Account Information

Business Name

Tax Identification Number

Business Address

Description of Business

Business Ownership

Website

Number of Employees

Annual Revenue

Source of Wealth to Establish Business

Additional Account Signer Information

Signer Name

Social Security Number

Date of Birth

Mother's Maiden Name:

Home Address

Home Number

Office Number

City

State

Zip

Cellular Number

Email Address

Place of Birth

Driver's License Number & Exp. Date (attach clear copy)

Occupation

Job Title/Place of Employment/Length

Additional source of wealth if applicable



**Additional Account Signer Information**

\_\_\_\_\_  
Signer Name

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Mother's Maiden Name:

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Office Number

\_\_\_\_\_  
Cellular Number

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

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Driver's License Number & Exp. Date (attach clear copy)

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Job Title/Place of Employment/Length

\_\_\_\_\_  
Additional source of wealth if applicable

**Expected Account Activity (Ins & Outs)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATM/Debit Card?  Yes  No

Online Banking Access?  Yes  No

Check Order?  Yes  No If so, what style of check? \_\_\_\_\_