



## 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.