

Checking Savings Certificate of Deposit

Business Name		DBA:	
Current Street Address		City, State, Zip	
Mailing Address		City, State, Zip	
S/S Tax ID#	Phone Number	Fax Number	Email Address
Company Website			

Please tell us why you chose Community Resource Bank:

Convenience Advertisement Products/Services Referral Other _____

Business Filing Status

Certain documents are required to open business accounts. Please bring the appropriate documents with you when meeting with a Community Resource Bank representative.

Type of Business	Required Documents
<input type="checkbox"/> Sole Proprietor	Certificate of Assumed Name or Evidence of Good Standing; SSN or EIN
<input type="checkbox"/> Corporation	Articles of Incorporation; EIN; List of officers; List of signers with two forms of ID; Evidence of Good Standing
<input type="checkbox"/> Limited Liability Company	Articles of Organization; EIN; Evidence of Good Standing or Occupational License; List of signers with two forms of ID
<input type="checkbox"/> Limited or General Partnership	Partnership Agreement; EIN; Evidence of Good Standing; Certificate of Assumed Name; List of signers
<input type="checkbox"/> Association or Organization	EIN or TIN; By-laws of Association; List of signers with two forms of ID; Letter signed by two or more officers

Is your business a: For Profit Organization Non-profit Organization

Convenience Services

Are you interested in:

<input type="checkbox"/> Merchant Card Processing	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> On Line Bill Pay	<input type="checkbox"/> Sweep Account
<input type="checkbox"/> ACH Origination	<input type="checkbox"/> Remote Capture	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Direct Deposit
<input type="checkbox"/> Business Debit Card	<input type="checkbox"/> Visa Business Credit Card	<input type="checkbox"/> Endorsement Stamp	

Officer and Authorized Signer Information

Name		Title	
Current Street Address		City, State, Zip	
Mailing Address		City, State, Zip	
Drivers License #	Expiration Date	State	Date of Birth
Email address	Home Phone	Cell Phone Number	
Social Security Number	Authorized Signer <input type="checkbox"/> Yes <input type="checkbox"/> No	Password and Clue	

New customer Yes ___ No ___ ChexSystems ___ ID Flag ___ ID #1 ___ ID #2 ___ RR ___ CR ___ Port # ___ Acct # ___ Initial ___

Officer and Authorized Signer Information

Name		Title	
Current Street Address		City, State, Zip	
Mailing Address		City, State, Zip	
Drivers License #	Expiration Date	State	Date of Birth
Email address	Home Phone		Cell Phone Number
Social Security Number	Authorized Signer <input type="checkbox"/> Yes <input type="checkbox"/> No	Password and Clue	

Officer and Authorized Signer Information

Name		Title	
Current Street Address		City, State, Zip	
Mailing Address		City, State, Zip	
Drivers License #	Expiration Date	State	Date of Birth
Email address	Home Phone		Cell Phone Number
Social Security Number	Authorized Signer <input type="checkbox"/> Yes <input type="checkbox"/> No	Password and Clue	

Officer and Authorized Signer Information

Name		Title	
Current Street Address		City, State, Zip	
Mailing Address		City, State, Zip	
Drivers License #	Expiration Date	State	Date of Birth
Email address	Home Phone		Cell Phone Number
Social Security Number	Authorized Signer <input type="checkbox"/> Yes <input type="checkbox"/> No	Password and Clue	

Additional Questions

Initial Deposit Source of Funds Cash Checks Both Wire

Will you be sending or receiving wire transfers? Yes No Domestic _____ International _____ Frequency _____

Are you a money transmitter? Yes No

Will you be processing Internet Gambling Transactions? Yes No

Will you be sending wires for customers? Yes No

Will you be selling Money Orders? Yes No

Will you need night deposit bags? Yes No If yes, how many? _____

Deposits: Frequency _____ daily/wk/mo Avg. amount \$ _____ Cash _____ Checks _____

 Equal Housing Lender

Member FDIC

Please read the following, then sign and date below:

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit history and to answer questions about your credit history with me. I authorize you to contact me via email regarding bank information that may be of interest to me. **Notice regarding inaccurate information:** As a participant in the consumer reporting system, we furnish the information about our experience with you to consumer reporting agencies. These consumer reports allow us to make credit and other opportunities available to you. If you believe that we have furnished information to a consumer reporting agency that is inaccurate, please notify us in writing to the address listed on your new account agreement and identify the specific information that is inaccurate.

Owner/Signer #1	Date	Owner/Signer #3	Date
Owner/Signer #2	Date	Owner/Signer #4	Date