



Business Account Information Sheet

GENERAL ENTITY INFORMATION

Name of Business		What is the date on which your business was established/organized:				
Assumed or Trade Names (DBA) Under Which Your Operate					CIF #	
Federal Employee ID Number (if any)	What is your state of registration/origin?			What is your county of registration/origin?		
Type of Entity:						
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Registered Limited Liability Partnership <input type="checkbox"/> Other		If entity is a Corporation Is it a Non-profit Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Address of Business		City	State	Zip	Phone Number	Fax Number
Mailing Address (if different than above)		City	State	Zip	Email/Website Address	
Please describe your principal line of business (please be descriptive)						
Please list the name of the principals of your company (first name, middle initial, last name)						
Please list the names of two(2) major suppliers or customers						
Please list banks where your company has maintained a depository relationship						

Does your business have a physical presence in the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does your business operate as a nonprofit organization or charity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your business own or operate an automated teller machine (ATM)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does your business own or operate as a Money Services Business (MSB)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your business provide check cashing services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does your business provide domestic or international money transmitter services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your business operate as a private investment company? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SIGNER INFORMATION

Legal Name (First, Middle, Last)				Position/Title with Named Business		Ownership %
Social Security Number		Date of Birth		Home Phone Number		CIF #
Primary Identification Number	Issued By	Issue Date	Expire Date	Identification Type <input type="checkbox"/> Passport <input type="checkbox"/> License <input type="checkbox"/> Alien ID <input type="checkbox"/> Other		
Physical (Home) Address		City	State	Zip	Cell Phone Number	

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CUSTOMER CERTIFICATION AND AUTHORIZATION

I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions. I confirm that all credits to the account are and will be beneficially owned by the named business applicant. I agree to notify you, within 30 days, of any changes to the foregoing information. Under the penalties of perjury, I certify (1) the employer identification number shown next to my name, if any, is my correct taxpayer identification number, and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup with holdings as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding. (Institution to Applicant: If you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return and you have not been notified that the backup withholding has terminated, you must strike out the language in clause (2) above.)

Applicant Signature _____ Date _____

Member FDIC. Equal Opportunity and Housing Lender.

GENERAL ACCOUNT INFORMATION DUE DILIGENCE

Account Number Officer Assigned: Account Opened By: Is the customer: New Existing
What is the purpose of the account? What is the amount of the initial deposit? \$
What is the source of funds for the initial deposit: check money order cashier's check wire transfer cash transfer
 other (describe)

Type of Account/Product Customer is Opening

Were the signers screened through Chex Systems? OFAC?
 Yes No Yes No

EXPECTED TRANSACTIONAL ACTIVITY

Will the customer be sending or receiving international wire transfers? Yes No

If the customer will be sending or receiving international wire transfers, please list those countries to or from whom the wires will be received:
 _____ _____

What is the expected number of deposits each month into the account? What is the expected average deposit to the account? What is the expected number of withdrawals/debits each month? What is the expected number of ATM/debit card WD each month?
 1 - 5 \$1,000 - \$5,000 1 - 10 1 - 5
 6 - 10 \$5,000 - \$10,000 10 - 25 6 - 10
 10 - 25 \$10,000 - \$25,000 25 - 50 10 - 25
 25+ \$25,000+ 50+ 25

Certification Regarding Beneficial Owners of Legal Entity Customers

Does any other individual not listed to be an authorized signer of this account own 25% or more of this entity? Yes No

If Yes, please complete the next section for each individual that owns 25% or more of this entity.

BENEFICIAL OWNERS

Legal Name (First, Middle, Last) Position/Title with Named Business Ownership %
Social Security Number Date of Birth Home Phone Number
Primary Identification Number Issued By Issue Date Expire Date Identification Type
 Passport License Alien ID Other
Physical (Home) Address City State Zip Cell Phone Number
Legal Name (First, Middle, Last) Position/Title with Named Business Ownership %
Social Security Number Date of Birth Home Phone Number
Primary Identification Number Issued By Issue Date Expire Date Identification Type
 Passport License Alien ID Other
Physical (Home) Address City State Zip Cell Phone Number
Legal Name (First, Middle, Last) Position/Title with Named Business Ownership %
Social Security Number Date of Birth Home Phone Number
Primary Identification Number Issued By Issue Date Expire Date Identification Type
 Passport License Alien ID Other
Physical (Home) Address City State Zip Cell Phone Number