

Community Bank - Business Profile Application

Denotes Required Fields

Required Documentation: See attached

<p>[] Corporation: Articles of Incorporation Certificate of Good Standing Corporate Resolution Recorded Assume Name Certificate (if applicable) </p> <p>[] Sole Proprietorship: Recorded Assume Name Certificate (if applicable) Resolution </p> <p>[] Other type: please specify</p>	<p>[] Partnership: Partnership Agreement Resolution Recorded Assumed Name Certificate (if applicable) </p> <p>[] Non-Profit Organization Resolution Copy of Minutes evidencing election of officers and who is authorized to sign on the account </p>
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Processing Information

Date Opened Account Type: 	DDA, CD, or Saving Account Number
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Business Name and Location

Legal Name 	DBA (if applicable)
Physical Address 	Mailing Address
City, State, Zip 	City, State, Zip
Person to Contact Phone: 	Corp Contact (if applicable) Phone:
Federal Tax ID 	Corp. Email Address
E-Mail Address Mail Statement to DBA Address 	Mail to Corp Address

Owners, Officers, Agents

Owner/Officer/Agent 1

Name 	Title 	% Equity Ownership 	
Resident Physical Address 	Primary ID w/exp 	Phone Number 	
City, State, Zip 	Secondary ID w/exp 	Social Security No 	DOB

Owner/Officer/Agent 2

Name 	Title 	% Equity Ownership 	
Resident Physical Address 	Primary ID w/exp 	Phone Number 	
City, State, Zip 	Secondary ID w/exp 	Social Security No 	DOB

Owner/Officer/Agent 3

Name 	Title 	% Equity Ownership 	
Resident Physical Address 	Primary ID w/exp 	Phone Number 	
City, State, Zip 	Secondary ID w/exp 	Social Security No 	DOB

Owner/Officer/Agent 4

Name 	Title 	% Equity Ownership 	
Resident Physical Address 	Primary ID w/exp 	Phone Number 	
City, State, Zip 	Secondary ID w/exp 	Social Security No 	DOB

Owner/Officer/Agent 5

Name 	Title 	% Equity Ownership 	
Resident Physical Address 	Primary ID w/exp 	Phone Number 	
City, State, Zip 	Secondary ID w/exp 	Social Security No 	DOB

Business Profile *Circle Selection

Type of Goods or Services: 	
Years in Business: 	
Type of Business:	<input type="radio"/> Retail <input type="radio"/> Wholesale <input type="radio"/> Restaurant <input type="radio"/> Other
Deposits*:	<input type="radio"/> N/A <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Periodically
% of Deposits in Cash: 	

Customer Acceptance

Each person signing below agrees to the terms and conditions stated in all pages of this business profile application and certifies that all information provided is true, correct, and complete. Each person authorizes the Bank or any credit reporting agency employed by the Bank, or any agency of the to make whatever inquiries the Bank deems appropriate to investigate, verify, research, references, statements, or data obtained on the Business and Owner's for the purpose of this application.

Applicant's Signature	Date	Applicant's Signature	Date	Applicant's Signature	Date
<i>Financial Institution Use Only</i> *Circle selection					
Chexsystems Verification: see attached []			OFAC Verification: see attached []		
Type of Deposit*:	Check	Cash	Other	Deposit Amount: \$	
Employee:	Main Office	South Branch	North Branch	Twig	Hallsville Branch
Link Accounts, if applicable [] See attached			Approved by Officer		