



**BUSINESS ACCOUNT APPLICATION**

**ACCOUNT OWNERSHIP**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> SOLE PROPRIETORSHIP                                  | <input type="checkbox"/> PARTNERSHIP TYPE | <input type="checkbox"/> CORPORATION TYPE             |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY                            | <input type="checkbox"/> GENERAL          | <input type="checkbox"/> NON-PROFIT                   |
| <input type="checkbox"/> GOVERNMENT ENTITY<br>(Public Units, Public Funds)    | <input type="checkbox"/> JOINT VENTURE    | <input type="checkbox"/> PROFESSIONAL ASSOCIATION     |
| <input type="checkbox"/> UNINCORPORATED ASSOC.<br>(Club, Group, Organization) | <input type="checkbox"/> LTD PARTNERSHIP  | <input type="checkbox"/> BANK                         |
|   | <input type="checkbox"/> LTD LIABILITY    | <input type="checkbox"/> OTHER FINANCIAL INSTITUTIONS |
|   |   | <input type="checkbox"/> FOR PROFIT                   |

(A COPY OF THE ENTITY'S SUPPORTING DOCUMENTS WILL BE NEEDED)

COMPANY NAME: \_\_\_\_\_

DBA (ASSUMED NAME): \_\_\_\_\_

STATEMENT ADDRESS: \_\_\_\_\_

OFFICE ADDRESS (IF DIFFERENT): \_\_\_\_\_

COMPANY TAX ID # \_\_\_\_\_ COMPANY PHONE: \_\_\_\_\_

COMPANY CONTACT: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WILL FACSIMILE SIGNATURES BE USED? YES / NO OTHER SERVICES NEEDED: \_\_\_\_\_

CURRENT/PREVIOUS BANK: \_\_\_\_\_

The undersigned acknowledges receipt of at least one copy of the Rules and Regulations Governing Accounts. The Funds Availability Policy, and the Schedules of fees thereof, on the date stated below. The Bank is authorized from time to time, and without notice to me, to obtain credit information history and to confirm my employment history.

**AUTHORIZED SIGNER 1**

**AUTHORIZED SIGNER 2**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ SS# \_\_\_\_\_

TITLE \_\_\_\_\_ SS# \_\_\_\_\_

DL# \_\_\_\_\_ DOB \_\_\_\_\_

DL# \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZED SIGNER 3**

**AUTHORIZED SIGNER 4**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ SS# \_\_\_\_\_

TITLE \_\_\_\_\_ SS# \_\_\_\_\_

DL# \_\_\_\_\_ DOB \_\_\_\_\_

DL# \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZED SIGNER 5**

**AUTHORIZED SIGNER 6**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ SS# \_\_\_\_\_

TITLE \_\_\_\_\_ SS# \_\_\_\_\_

DL# \_\_\_\_\_ DOB \_\_\_\_\_

DL# \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

In compliance with the Unlawful Internet Gambling Act, Plains State Bank will not process transactions derived from Internet bets or wagers where such bet or wager is unlawful under Federal or State Law or Tribal Lands in which it is initiated, received, or otherwise made.

**FOR BANK USE:**

Initial Deposit \_\_\_\_\_ Officer \_\_\_\_\_ Acct Type \_\_\_\_\_ Opened By \_\_\_\_\_

Source of Funds: \_\_\_\_\_