



BUSINESS ACCOUNT APPLICATION
ACCOUNT OWNERSHIP

SOLE PROPRIETORSHIP
LIMITED LIABILITY COMPANY
GOVERNMENT ENTITY
UNINCORPORATED ASSOCIATION

PARTNERSHIP TYPE
General
Joint Venture
Ltd Partnership
Ltd Liability

CORPORATION TYPE
Non-Profit
Professional Association
Bank
Other Financial Institution
For Profit

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

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 _____ DOB _____

NAME _____ DOB _____

TITLE _____ SS# _____

TITLE _____ SS# _____

DL# _____ CELL _____

DL# _____ CELL _____

Signature _____ Date _____

Signature _____ Date _____

AUTHORIZED SIGNER 3

AUTHORIZED SIGNER 4

NAME _____ DOB _____

NAME _____ DOB _____

TITLE _____ SS# _____

TITLE _____ SS# _____

DL# _____ CELL _____

DL# _____ CELL _____

Signature _____ Date _____

Signature _____ Date _____

AUTHORIZED SIGNER 5

AUTHORIZED SIGNER 6

NAME _____ DOB _____

NAME _____ DOB _____

TITLE _____ SS# _____

TITLE _____ SS# _____

DL# _____ CELL _____

DL# _____ CELL _____

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: _____