PLAINS STATE BANK EST. 1957

BUSINESS ACCOUNT APPLICATION

☐ CORPORATION ☐ C CORP ☐ S CORP
☐ SOLE PROPRIETORSHIP
☐ LIMITED LIABILITY COMPANY
☐ IOLTA
☐ PARTNERSHIP
☐ NON-PROFIT / UNINCORPORATED ASSOCIATION
☐ PUBLIC AND GOVERNMENT UNITS
☐ TRUST ☐ ESTATE

COMPANY NAME: _____

DBA (ASSUMED NAME): _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

COMPANY TAX ID: _____ COMPANY PHONE: _____

COMPANY CONTACT: _____ DESCRIPTION OF BUSINESS: _____

EMAIL FOR ELECTRONIC STATEMENT&NOTICES: _____

WILL FACSIMILE SIGNATURE BE USED: ☐ YES ☐ NO

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

NAME: _____

TITLE: _____

DOB: _____ SSN: _____

DL#: _____ EXP: _____ STATE: _____

EMAIL: _____

CELL#: _____

MOTHER'S MAIDEN NAME: _____

_____
SIGNATURE DATE

AUTHORIZED SIGNER 2

NAME: _____

TITLE: _____

DOB: _____ SSN: _____

DL#: _____ EXP: _____ STATE: _____

EMAIL: _____

CELL#: _____

MOTHER'S MAIDEN NAME: _____

_____
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 bets or wagers are unlawful under Federal or State Law or Tribal Lands in which it is initiated, received, or otherwise made.

FOR BANK USE: USE PAGE 2 IF MORE SIGNERS

Initial Deposit: _____ Officer: _____ Acct Type: _____ Opened By: _____

Branch: _____ Source of Funds: _____

AUTHORIZED SIGNER 3

NAME: _____

TITLE: _____

DOB: _____ SSN: _____

DL#: _____ EXP: _____ STATE: _____

EMAIL: _____

CELL#: _____

MOTHER'S MAIDEN NAME: _____

_____

SIGNATURE DATE

AUTHORIZED SIGNER 4

NAME: _____

TITLE: _____

DOB: _____ SSN: _____

DL#: _____ EXP: _____ STATE: _____

EMAIL: _____

CELL#: _____

MOTHER'S MAIDEN NAME: _____

_____

SIGNATURE DATE

AUTHORIZED SIGNER 5

NAME: _____

TITLE: _____

DOB: _____ SSN: _____

DL#: _____ EXP: _____ STATE: _____

EMAIL: _____

CELL#: _____

MOTHER'S MAIDEN NAME: _____

_____

SIGNATURE DATE

AUTHORIZED SIGNER 6

NAME: _____

TITLE: _____

DOB: _____ SSN: _____

DL#: _____ EXP: _____ STATE: _____

EMAIL: _____

CELL#: _____

MOTHER'S MAIDEN NAME: _____

_____

SIGNATURE DATE

FOR BANK USE:

Initial Deposit: _____ Officer: _____ Acct Type: _____ Opened By: _____

Branch: _____ Source of Funds: _____