



# New Business Account Application

(Check One)      New Customer      Existing Customer      Exempt

## Entity Information

Name of Legal Entity: \_\_\_\_\_

Business Structure: \_\_\_\_\_

State of Origination: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Age of Business: \_\_\_\_\_

Account Purpose: \_\_\_\_\_

Current Financial Institution: \_\_\_\_\_

Reason you chose Miners National Bank as your Financial Institution: \_\_\_\_\_

## Account Activity Anticipated Per Month

Cash Deposits	\$8,000 or Less	\$8,001 to \$15,000	\$15,001 or More
Checks Deposited	0 to 20	21 to 50	51 or More
Electronic Transactions	0 to 3	4 to 6	7 or More
Domestic Wires	None	1 to 3	4 or More
International Wires	None	1 or 2	3 or More
Cash Withdrawals	\$500 or Less	\$501 to \$1,000	\$1,001 or More

- Business Checking       Online Banking       Certificate of Deposit       Debit Card
- Small Business Checking       Safe Deposit Box       Commercial Loan       Credit Card
- Business Savings       Night Depository       Other

## Specialized Services

Are you a non-profit entity?  Yes  No

Are you a Money Service Business?  Yes  No

Is this an IOLTA account?  Yes  No

Do you process payments for another person or entity?  Yes  No

Are you a pre-paid phone card provider?  Yes  No

Will you be using a facsimile signature?  Yes  No

Does the business have any privately owned ATM machines located on the premises?  Yes  No

Does your company have any games or financial activities on its website?  Yes  No

Do you provide services to companies who provide internet gambling?  Yes  No

## Authorized Signors Name and Title

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Beneficial Ownership

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

## Important Account Opening Information

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me, as an individual, anytime an account is opened, or a change is made. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_