



# 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

- |  |                 |  |                 |
|--|-----------------|--|-----------------|
| <input type="checkbox"/> Cash Deposits           | \$____per month | <input type="checkbox"/> International Wires | \$____per month |
| <input type="checkbox"/> Cash Withdrawals        | \$____per month | <input type="checkbox"/> Domestic Wires      | \$____per month |
| <input type="checkbox"/> Electronic Transactions | \$____per month | <input type="checkbox"/> Check Deposits      | \$____per month |

## Types of Products Anticipated

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Business Checking       | <input type="checkbox"/> Online Banking   | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Debit Card  |
| <input type="checkbox"/> Small Business Checking | <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Commercial Loan        | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Business Savings        | <input type="checkbox"/> Night Depository | <input type="checkbox"/> 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: \_\_\_\_\_