

CROWELL STATE BANK
NEW ACCOUNT APPLICATION

Ownership of Business Account:

- Sole Proprietorship
- General Partnership
- Limited Partnership
- Corporation
- Limited Liability

Describe the industry of the business? (ex: ag, services, manufacturing)

Does this business have any non-U.S. business activity? _____

Business legal name: _____

Business tax ID number: _____

Date business was established: _____

Does your business have a doing business as (DBA) name different from your legal business name? Yes No

Does business as name: _____

Country of primary business operations: _____

Business physical address: _____

Business Mailing Address if different from physical: _____

Business phone: _____ Business email: _____

What is the purpose of the checking account? _____

Does your business provide money services to your customers such as check cashing or issuing money orders? Yes No

Does this business engage in internet gambling activities? Yes No

Individual Owner	Title	Ownership percentage
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_____	_____	_____
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_____	_____	_____
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INDIVIDUAL OWNER'S INFORMATION

Name: _____

Birth Date: _____ Home Telephone No: _____

Cell No.: _____ Driver's Lic. No.: _____

Social Security No.: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Email: _____

Employer/Address:

Position: _____ How Long: _____ Phone No.: _____

Name: _____

Birth Date: _____ Home Telephone No: _____

Cell No.: _____ Driver's Lic. No.: _____

Social Security No.: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Email: _____

Employer/Address:

Position: _____ How Long: _____ Phone No.: _____

Name: _____

Birth Date: _____ Home Telephone No: _____

Cell No.: _____ Driver's Lic. No.: _____

Social Security No.: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Email: _____

Employer/Address:

Position: _____ How Long: _____ Phone No.: _____

Name: _____

Birth Date: _____ Home Telephone No: _____

Cell No.: _____ Driver's Lic. No.: _____

Social Security No.: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Email: _____

Employer/Address:

Position: _____ How Long: _____ Phone No.: _____

Name: _____

Birth Date: _____ Home Telephone No: _____

Cell No.: _____ Driver's Lic. No.: _____

Social Security No.: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Email: _____

Employer/Address:

Position: _____ How Long: _____ Phone No.: _____

Would you like to opt out of a monthly paper statement? (If yes, you may view your statement online via internet banking) Yes / NO

ADDITIONAL INFORMATION

Purpose of this Account: _____
Are there any cash needs for this business? _____ Yes _____ No
Will you be depositing cash? _____ Yes _____ No. If so, for what purpose and what amounts: _____ Maximum
size of cash deposit? \$ _____ How often? _____
Will you be withdrawing cash? _____ Yes _____ No. If so, for what purpose and what amounts: _____ Maximum
size of cash withdrawal? \$ _____ How often? _____
Will you be receiving or sending wire transfers: _____ Yes _____ No. If so, please explain: _____
Existing Customer: _____ Yes _____ No; If yes: Source of Funds: _____
Will you be a money service business? _____ Yes _____ No

SIGNATURES

I certify that everything I have states in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below, I authorized you to check my credit account and employment history and/or have a credit report agency prepare a credit report on me. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update my credit information at your request if my financial condition changes.

Applicant's Signature Date

Joint Applicant's Signature Date

FOR FIANCIAL USE ONLY

Date _____ Account #: _____

Type of Account: _____

Initial Deposit: _____ Cash Check

Total Risk Rate: _____