

Business Account Application

Business Name or DBA Name (as it appears on Government issued document)		X
Physical Address X	Mailing Address X	
Fed ID/EIN or SSN for sole prop x	Business is organized under the laws of (State) X	
X Other identifying number if you do not have Fed EIN or SSN X	Primary Email X	Primary Phone X
Type of account-check one		
<input type="radio"/> Sole Proprietor-		
<input type="radio"/> Corporation <input checked="" type="checkbox"/> Must provide articles of incorporation <input checked="" type="checkbox"/> Must provide corporate meeting minutes designating signors being added to the account if they are not listed in articles of incorporation		
<input type="radio"/> Limited Liability Companies <input checked="" type="checkbox"/> Must provide articles of incorporation & operating agreement <input checked="" type="checkbox"/> Must provide corporate meeting minutes designating signors being added to the account if they are not listed in articles of incorporation		
<input type="radio"/> Partnership account is opened and maintained on behalf of a partnership. Under WI Law, a partnership is an association of two or more persons to carry on as co-owners of a business for profit <input type="radio"/> Limited Partnership is opened and maintained on behalf of a limited partnership and must file a Certificate of Limited Partnership with the State. <input type="radio"/> Limited Liability Partnership must contain the words ' limited partnership' in its name; also you must file a Certificate of Limited Liability Partnership with the State. <input checked="" type="checkbox"/> Must provide partnership agreement		
<input type="radio"/> Other organization primarily refer to unincorporated associations, local organizations, some non-profits <input checked="" type="checkbox"/> Must provide meeting minutes from your latest meeting designating signors of the account. Prior to account opening <input checked="" type="checkbox"/> Must Have an EIN number		
<input type="radio"/> Does your business engage in Internet Gambling Business? Y or N (circle one)		
<input type="radio"/> Are you a Money Service Business? Y or N (circle one) Money services businesses issue money orders, cash checks, process wires for their customers)		
<input type="radio"/> What is the purpose of your business account _____		
Other account details and services		
How close is your office to the financial institution? <input type="radio"/> 1-5 miles <input type="radio"/> 6-10 miles <input type="radio"/> 11+ miles How many deposits do you think you will make a month? <input type="radio"/> 1-5 <input type="radio"/> 6-10 <input type="radio"/> 11 or more How many checks do you think you will write a month _____ Will you have international activity? Y or N (circle one)	Do you plan to use the following? <input type="radio"/> Internet Banking <input type="radio"/> ATM/Debit Card <input type="radio"/> Wire Services <input type="radio"/> Lending <input type="radio"/> Safe Deposit Boxes <input type="radio"/> Bill Payment Do you Own or Operate an ATM at your place of business? Y or N (circle one) If Yes- what are your cash needs from the financial institution\$ _____	
Nature of Business-Check one or list nature of business on 'other' line		
<input type="radio"/> Practicing medicine <input type="radio"/> Accounting <input type="radio"/> Auctioning goods <input type="radio"/> Gaming of any kind (other than licensed pari-mutuel betting at race tracks) <input type="radio"/> Pawn brokerage	<input type="radio"/> Buying or selling motor vehicles of any kind, vessels aircraft, farm equipment, or mobile homes <input type="radio"/> Chartering or operating ships, buses, or aircraft <input type="radio"/> Real estate brokerage <input type="radio"/> Title insurance and real estate closing <input type="radio"/> Trade Union activities <input type="radio"/> Other _____	

#1 Authorized Signor	#2 Authorized Signor
Customer Name X	Customer Name X
Title of signor	Title of signor
Physical Address X	Physical Address X
Mailing Address X	Mailing Address X
Date of Birth X	Date of Birth X
Social Security Number X	Social Security Number X
Password for phone inquiries X	Password for phone inquiries X
Occupation X	Occupation X
Phone Numbers: Home: _____ Work: _____ Cell Phone: _____	Phone Numbers: Home: _____ Work: _____ Cell Phone: _____
Email Address X	Email Address X
State issued ID Card or Driver's License Number X _____ State _____ Issue date _____ Exp date _____	State issued ID card or Driver's License X _____ State _____ Issue date _____ Exp date _____