



Sole Proprietor Business Account Application

Business Information	
Business Name or DBA Name X	Mailing Address X
Physical Address X	Business is organized under the laws of (State) X
Fed ID Number (SSN) X	Primary Phone: X
Other identifying number if you <u>do not</u> have SSN X	Primary Email: X

Sole Proprietor/Owner Information	
Customer Name X	Occupation X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

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

*Additional Signers can be added on Page 3

Payable On Death Beneficiary? YES or NO	
Name X	Relationship X

Please check all services you expect to use or would like more information about

- Internet Banking
- E-Statements
- Online Bill Payment
- ATM/Debit Cards
- Wire Services
- Loans
- Certificates of Deposit
- Safe Deposit Box
- ACH Origination

Other Account Details

- What is the nature of your business?** _____
- Do you Operate an Internet Gambling Business?** Y or N (circle one)
- Are you a Money Service Business?** Y or N (circle one)
(Money services businesses issue money orders, cash checks, process wires for their customers)
- 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: \$_____
- Will you be engaged in any International activity?** Y or N (circle one)
- Do you plan to use any of the following?** (check all that apply)
 - Incoming Wires
 - Outgoing Wires
 - International Wires
- How close is your office to the financial institution?**
 - 1-5 miles
 - 6-10 miles
 - 11+ miles
- What will be the frequency and average amount of your deposits?**
 - Daily Average deposit amount: \$_____
 - Weekly Average Cash deposit amount: \$_____
 - Bi-Weekly
 - Monthly
- What will be the frequency and amount of your cash withdrawals?**
 - Daily ___ \$0-\$500
 - Weekly ___ \$500-\$1,000
 - Monthly ___ \$1,000-\$5,000
 - Occasionally ___ \$5,000 or Greater
 - None

Reason for choosing Community Bank

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

Authorized Signer #3	
Customer Name X	Occupation X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell: