

**AMERICAN BANK OF SIDNEY
NEW BUSINESS ACCOUNT APPLICATION**

Date _____ Application taken by _____
Name of Entity or Individual _____
DBA _____

Form of Organization

____ Corporation _____ Certified Articles of Incorporation
____ Limited Liability Company _____ Government Issued Business License
____ Limited Partnership _____ Partnership Agreement

____ Sole Proprietorship
____ Other

Employer Identification Number _____

Social Security Number _____
(Sole proprietor or one person LLC only)

Mailing Address _____
Business Address _____

Phone _____
Fax _____
Website _____
Email _____

Description of Business:
Products, services _____
Clientele, geographic area, etc. _____
Nature and purpose of account: _____

Do you cash checks for customers? Yes _____ No _____
Complete NBF Form if yes

Banking services you expect to use:

Deposits _____	Frequency _____
Cash _____	Checks _____
Credit Card _____	
Cash Withdrawals _____	Frequency _____
Coin Orders _____	Currency Exchanges _____
Wire Transfers _____	Outgoing to _____
	Incoming from _____
Loans _____	Safe Deposit Box _____

Risk Assessment Low Moderate High

Reg GG Form Signed _____
Make-up of first deposit _____
Type of Account _____ **Acct. #** _____
Identification of Person Opening Account:

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge. The applicant authorizes the Bank to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to or associated with this Application, from credit bureaus and from employers, references with other financial institutions, and agree that such information, along with this Application, shall remain the bank's property.

Accepted:

Applicant _____ Date _____ Applicant _____ Date _____

Authorized Signers on Account

Name: _____

Title: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Name: _____

Title: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Name: _____

Title: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

**25% or more ownership of company information:
(Certification of Beneficial Ownership Requirement)**

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Driver's License: State: _____ **Issue:** _____ **Expire:** _____

License Number: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Driver's License: State: _____ **Issue:** _____ **Expire:** _____

License Number: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Driver's License: State: _____ **Issue:** _____ **Expire:** _____

License Number: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Driver's License: State: _____ **Issue:** _____ **Expire:** _____

License Number: _____

Individual with Significant responsibility for managing the company (Ex. CEO, CFO, Managing Member, President, Treasurer)

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Driver's License: State: _____ **Issue:** _____ **Expire:** _____