



### NEW ACCOUNT APPLICATION – BUSINESS

Type of Account  Checking  Savings  Money Market  CD  Other \_\_\_\_\_

Other Services  Checks  Internet Banking  Other \_\_\_\_\_

Business Information					
Legal Name of Business as it appears on business documentation					
Physical Address (Street, City, State & Zip)			Mailing Address (if different)		
Entity's Tax ID Number		Business Phone		Date of Organization	County & State of Organization
Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Formal Trust	<input type="checkbox"/> Estate	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Association/Club/Civic		
Primary Type of Business Conducted		Internet Gambling Business <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Trade Area <input type="checkbox"/> Within County <input type="checkbox"/> Within State <input type="checkbox"/> Within U.S. <input type="checkbox"/> International	
Will business be conducting any of the following types of activities for its customers or employees? ( <b>Money Service Business</b> )				1. Cash Checks (payroll or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No
				2. Transmit Money (Western Union or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No
				3. Exchange Currency	<input type="checkbox"/> Yes <input type="checkbox"/> No
				4. Sell or redeem money orders or stored value cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Account Activity:					
Source of Deposits (check all that apply) <input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> ACH (electronic) <input type="checkbox"/> Wires <input type="checkbox"/> Other _____					
Deposits: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					
Checks / Withdrawals: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					
Debit Card Transactions: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					
International Transactions: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					
Wire Transfers: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					

Beneficial Owners (Corporation, Limited Liability Company, Limited Partnership, Limited Liability Partnership, General Partnership, Professional Association)				
<b>OWNERSHIP:</b> List individuals who own 25% or more of equity interests in the business (if any)				
Name	Physical Address	Social Security Number	Date of Birth	ID Number & Issuer
Name	Physical Address	Social Security Number	Date of Birth	ID Number & Issuer
Name	Physical Address	Social Security Number	Date of Birth	ID Number & Issuer
Name	Physical Address	Social Security Number	Date of Birth	ID Number & Issuer
<b>CONTROL:</b> List 1 individual with significant responsibility for managing the business				
Name	Physical Address	Social Security Number	Date of Birth	ID Number & Issuer

Signer Information			
Name (Last, First, Middle)			
Physical Address (Street, City, State & Zip)		Mailing Address (if different)	
Social Security Number	Date of Birth	ID Number & Issuer	Expiration Date

Signer Information			
Name (Last, First, Middle)			
Physical Address (Street, City, State & Zip)		Mailing Address (if different)	
Social Security Number	Date of Birth	ID Number & Issuer	Expiration Date

I authorize Muenster State Bank to verify all information provided, and to obtain additional information regarding my business financial history from a check database agency, consumer reporting agency, the Secretary of State, publicly available information resources, former or current vendors or other financial institutions. I agree to contact Muenster State Bank any time my information changes (i.e. change of address, phone number, etc). I understand that this information will only be used in conjunction with Muenster State Bank products and services requested by me, and that it will remain in force for the duration of my relationship. I certify that the information provided by me is true and correct to the best of my belief.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 02/2019