



Commercial Account Application



Type of Entity Ownership

Corporation Type:

- Corporate (for profit)
 Corporate (non-profit)
 Professional Association (PA)

Partnership Type:

- General
 Joint
 Limited Liability Partnership (LLP)
 Limited Liability Company (LLC/LC)

Miscellaneous Type:

- Sole Proprietorship
 Unincorporated Association (clubs, groups, organizations)
 Government Entity
 IOLTA
 Escrow Accounts
 Other _____

Type of Commercial Account

- Commercial Account
 Money Market
 Super NOW
 Certificate of Deposit

Account Name: _____

DBA (Assumed Name): _____

Office Physical Address: _____

City: _____ State: _____ Zip: _____

Statement Address (if different): _____

City: _____ State: _____ Zip: _____

Website/Email Address: _____

Description of Principal Line of Business: _____

Names of Two (2) Major Suppliers of Clients: _____

Gross Annual Sales: _____ Existing Heritage Customer? Yes No

Company Tax ID#		Number of signatures for withdrawal	
Company Phone		Will facsimile signatures be used?	
Company Fax		Purpose of account	
Company Contact		Number of locations	
Date Entity Est.		Number of employees	
Type of Entity		Should the account be grouped with existing accounts?	
Former Financial Inst.			

For Corporate Resolution:

President	
Vice President	
Treasurer	
Secretary	



Commercial Account Application

(Please have each authorized signer complete the attached form)



	Authorized Signer 1	Authorized Signer 2
Name		
Title		
Phone Number		
Email Address		

	Authorized Signer 3	Authorized Signer 4
Name		
Title		
Phone Number		
Email Address		

Authorized Signer 1		Authorized Signer 2	
Physical Address (required)		Physical Address (required)	
Social Security #		Social Security #	
Driver's License #		Driver's License #	
Issued By		Issued By	
Exp. Date		Exp. Date	
Date of Birth		Date of Birth	
Home Telephone		Home Telephone	
Work Telephone		Work Telephone	
Employer		Employer	
Occupation		Occupation	
Email Address		Email Address	

Authorized Signer 3		Authorized Signer 4	
Physical Address (required)		Physical Address (required)	
Social Security #		Social Security #	
Driver's License #		Driver's License #	
Issued By		Issued By	
Exp. Date		Exp. Date	
Date of Birth		Date of Birth	
Home Telephone		Home Telephone	
Work Telephone		Work Telephone	
Employer		Employer	
Occupation		Occupation	
Email Address		Email Address	

U.S. Citizen: Yes No

If no, required docs: Non-U.S. Diligence Form W-8 BEN

Referred by: _____ Former Financial Institution: _____

