



# First Bank and Trust

*Continuous Service Since 1898*

## COMMERCIAL ACCOUNT APPLICATION

Date: \_\_\_\_\_

Business / Entity Name: \_\_\_\_\_

Type / Nature of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*\*Please Note: PO Box holder **must furnish physical address** as well as mailing address.*

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Taxpayer ID #: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cellular: \_\_\_\_\_

E-mail / Website: \_\_\_\_\_

Type of Account:      Checking       Savings       Certificate of Deposit

Amount of Opening Deposit? \_\_\_\_\_

Source of Funds:      Cash       Check       Internal Transfer

### BUSINESS OPERATIONS INQUIRY

Do you cash checks **for other people**? Y or N

If you cash checks, do you cash more than \$1,000 per person per day? Y or N

Do you sell money orders? Y or N

Do you transmit money **for other people** (Western Union, Moneygram, etc.)? Y or N

Do you primarily transact business in cash? Y or N

Do you have a privately owned ATM? Y or N

Do you engage in internet gambling? Y or N

Do you engage, directly or indirectly, in a marijuana-related business? Y or N

Types of deposits/withdrawals typically made? (Please Circle)

**Cash    Checks    Electronic    Wire Transfers (Domestic or Foreign)    Other:**

Other accounts with this institution: \_\_\_\_\_

We Bank of Hydro reserve the right to make reference calls to check verifications, companies and / or employers.

By signing below, you (the applicant) give authority for the institution to request credit bureau reports of rating and application approval purposes.

\_\_\_\_\_  
Signature of Authorized Signer / Owner

\_\_\_\_\_  
Signature of 2nd Authorized Signer / Owner  
(If Required)