



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 First Bank and Trust 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)