

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Business Information

Exact Name of Entity			
DBA or Trade Name			
Type of Organization: Corporation Physical Address	Partnership	•	LLC
Mailing Address			
Office#	Fax#	Other#	
Business Website			
Tax ID Number		Type of Account	
Annual Sales		# of Employees	
Special instructions			

Please complete the following information for all Authorized Signers/Officers (use additional sheets if necessary):





Authorized Signer/Officer #1 Name Position/Title ____ Home Address (If street address doesn't match your driver's license; please provide a utility bill for address verification.) _____ State _____ Zip _____ Home# _____ Work# _____ Mobile# _____ Social Security Number _____ Mother's Maiden Name Drvrs Lc # _____ State ____ Iss. Date ____ Exp Date ____ Date of Birth **Secondary Identification** Please provide a copy of one of the following: Certified Birth Certificate, Passport, Current Utility, Cable or Phone Bill, Medicare or Medicaid Card, Voter's Registration, Social Security card, Vehicle Registration or Local employer ID card with photo or current school ID with photo <u>OR</u> Record (no copy required) an unexpired Credit Card (Visa, MasterCard, AMEX, or Discover): _____Issuer: _____ Last 4 digits of card number _____ Expiration Date _____ The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.





Business Profile Form

Authorized Signer/Officer #2 Position/Title _____ Home Address (If street address doesn't match your driver's license; please provide a utility bill for address verification.) City ______ State ____ Zip _____ Home# _____ Work# _____ Mobile# _____ Social Security Number _____ Mother's Maiden Name _____ Drvrs Lc # _____ State ____ Iss. Date ____ Exp Date ____ Date of Birth _____ Secondary Identification Please provide a **copy** of one of the following: Certified Birth Certificate, Passport, Current Utility, Cable or Phone Bill, Medicare or Medicaid Card, Voter's Registration, Social Security card, Vehicle Registration or Local employer ID card with photo or current school ID with photo OR Record (no copy required) an unexpired Credit Card (Visa, MasterCard, AMEX, or Discover): Type _____ Issuer: _____ Last 4 digits of card number _____ Expiration Date _____ The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity. Signature _____ Date _____





Authorized Signer/Officer #3 Name Position/Title _____ Home Address (If street address doesn't match your driver's license; please provide a utility bill for address verification.) _____ State _____ Zip _____ Home# _____ Work# _____ Mobile# _____ Social Security Number ______ Mother's Maiden Name Drvrs Lc # _____ State ____ Iss. Date ____ Exp Date ____ Date of Birth _____ **Secondary Identification** Please provide a copy of one of the following: Certified Birth Certificate, Passport, Current Utility, Cable or Phone Bill, Medicare or Medicaid Card, Voter's Registration, Social Security card, Vehicle Registration or Local employer ID card with photo or current school ID with photo <u>OR</u> Record (no copy required) an unexpired Credit Card (Visa, MasterCard, AMEX, or Discover): _____ Issuer: _____ Last 4 digits of card number _____ Expiration Date _____ The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.





Authorized Signer/Officer #4 Name Position/Title ____ Home Address (If street address doesn't match your driver's license; please provide a utility bill for address verification.) _____ State _____ Zip _____ Home# _____ Work# _____ Mobile# _____ Social Security Number ______ Mother's Maiden Name Drvrs Lc # _____ State ____ Iss. Date ____ Exp Date ____ Date of Birth _____ **Secondary Identification** Please provide a copy of one of the following: Certified Birth Certificate, Passport, Current Utility, Cable or Phone Bill, Medicare or Medicaid Card, Voter's Registration, Social Security card, Vehicle Registration or Local employer ID card with photo or current school ID with photo <u>OR</u> Record (no copy required) an unexpired Credit Card (Visa, MasterCard, AMEX, or Discover): _____ Issuer: _____ Last 4 digits of card number _____ Expiration Date _____ The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.





Authorized Signer/Officer #5 Name Position/Title _____ Home Address (If street address doesn't match your driver's license; please provide a utility bill for address verification.) _____ State _____ Zip _____ Home# _____ Work# _____ Mobile# _____ Social Security Number ______ Mother's Maiden Name Drvrs Lc # _____ State ____ Iss. Date ____ Exp Date ____ Date of Birth _____ **Secondary Identification** Please provide a copy of one of the following: Certified Birth Certificate, Passport, Current Utility, Cable or Phone Bill, Medicare or Medicaid Card, Voter's Registration, Social Security card, Vehicle Registration or Local employer ID card with photo or current school ID with photo <u>OR</u> Record (no copy required) an unexpired Credit Card (Visa, MasterCard, AMEX, or Discover): _____ Issuer: _____ Last 4 digits of card number _____ Expiration Date _____ The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.





Debit Card(s)

Other Services:

Cash Management

	Remote Deposit	Merchant Services		
	E-Statement	Credit Card		
Article	mentation Required to open your account ness of Incorporation, Partnership Agreement es of Organization, Certificate of Status, or			
Type /	Style / Color of Checks:			
If usin	g computer-printed checks, please provide	the following additional information:		
0	Financial Software and Version? (QuickBooks, Microsoft Money, etc.)			
0	How are checks loaded in printer? (For example, face-down or face-up.)			
0	Are checks pulled from the top or bottom in your printer?			
0	Do you want lines on your checks or "blank" checks?(please note all checks include a signature line.)			
Depo	sit Tickets:	Endorsement Stamp:		
	Single	Yes		
	Duplicate	No		
	Triplicate			
Submi	itted by:			







Accounts and Services

(Please check any Accounts and Services that you currently use or would like to use in the future.)

Business Checking Certificate of Deposit Business Debit Card Commercial Loan

Business Interest Checking
Business Interest Checking
Business Credit Card
Business Line of Credit
Business Money Market
Business Online Banking
Business Online Bill Pay
Business Savings Account
Business Savings Account
Contine Clai Loan
Sweep Investment Account
Business Line of Credit
Account Reconciliation
Real-Estate Lending
Safe Deposit Box
Tax Payment Services

ACH Services/Direct Deposit Health Savings Accounts

Merchant Services Remote Deposit – "Bank in a Box"

Retirement Programs (401K, IRA, etc.)

Document Checklist

(Please confirm you have the following documents for each account type)

Sole Proprietorship

Social Security Number of Proprietor or EIN of business

Valid identification and SSN of each signatory

Resolution authorizing action sought

Certification of Fictitious name registration (if applicable)

Florida Occupational License (if applicable)

Partnership

Employer Identification Number (SS-4 Form)

Valid ID and SSN for each signatory/partner

Partnership resolution/authorization

1st and last page of partnership agreement

Fictitious name registration (if applicable)

Florida Occupational License (if applicable)

Certificate of Foreign Status (if organization is registered outside the State of Florida)

Corporation

Employer Identification Number (SS-4 Form)

Valid ID and SSN for each signer

Articles of Incorporation

Organization Resolution

Fictitious name registration or Florida Occupation license (if applicable)

Certificate of Foreign Status (if organization is registered outside of the State of Florida)

Certificate of Existence (State of Florida)





Limited Liability Company

Employer Identification Number (SS-4 Form)

Valid ID and SSN for each signatory/partner

Organization Resolution

Signed Limited Liability Resolution

Articles of Organization

Operating Agreement

Certificate of Existence (State of Florida)

Fictitious name registration (if applicable)

Florida Occupational License (if applicable)

Certificate of Foreign Status (if organization is registered outside the State of Florida)

Unincorporated Association, Club, Civic, Charitable, Religious Organizations

Employer Identification Number (SS-4 Form)

Valid ID and SSN for each signatory

Non-profit resolution signed by secretary authorizing signatories

Minutes from meeting where signatories were named

Officer roster with address and phone numbers

Change in officer, copy of meeting minutes, new resolution required.

Certificate of Foreign Status (if organization is registered outside the State of Florida)

Campaign Account

Employer Identification Number (SS-4 Form)

Valid ID and SSN for each signatory

Resolution authorizing action sought

Completed form DS-DE9, appointment of Campaign Treasurer & designation of campaign

Federal Campaign only: copy of FEC Form 1, statement of organization

Lawyers Trust Account (IOTA)

EIN of Florida Bar Association

Copy of Resolution granting signature authority to law firm

Trust Account

SSN of Grantor or EIN of Trust

First and last page of Trust Document

Court appointment (if applicable)

Certificate of Trust (if available)

If you need assistance completing this form, call or visit one of our BankFIRST Financial Center locations and a Client Relationship Specialist will be happy to assist you.



Please remember, you should never send personal, confidential information via email.

