



COMMERCIAL ACCOUNT INFORMATION FORM

Type of Entity?			
Business/Entity legal Name:			
Additional Tradename, DBA, etc.			
Is Customer a Publicly Traded Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the customer a fund/pooled investment vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the customer a Disregarded Entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tax ID Type:	Tax ID #		
NAICS CODE: Provide the 6-digit Code			
Address Line 1:			
Address Line 2:			
City:	State:	ZIP:	
Check this box if Mailing address is the same as Physical Address			
Mailing address Line 1:			
Mailing address Line 2:			
City:	State:	ZIP:	
Business Phone:	Alternate Phone:		
E-mail / Website:			
Nature or General Description of Customers Business:			
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate of Deposit
Source of Funds:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Internal Transfer
How many Signatures are required for transactions on this account?			
Are there any restrictions to access on this account			
Source of wealth:			
Choose the value that most closely aligns to the economic activity that generated the customer's net worth.			
<input type="checkbox"/> Debt Issuance / Restructure	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Sale of assets (Property, Division)	
<input type="checkbox"/> Fund Management	<input type="checkbox"/> Loan Proceeds	<input type="checkbox"/> Secondary Offering/Private Equity/IPO	
<input type="checkbox"/> Grants/Contributions	<input type="checkbox"/> Operating Revenue	<input type="checkbox"/> Tax Revenue	
<input type="checkbox"/> Insurance Proceeds	<input type="checkbox"/> Pension / Profit Sharing/ Employee Benefit	<input type="checkbox"/> Other	
If other, please describe:			

Does any individual on this Customer Information Form or on the Certificate of Beneficial Owners Form (if applicable) serve as a Principal Shareholder (10% or greater), Executive Officer and/or Director of any bank?

Yes No

Is the Customer directly or indirectly owned 25% or more by a non-U.S. Government? Yes No

Is the customer engaged in Internet Gambling Business ? Yes No

Legal Entity Owners Information:

Legal Entity Owners are non-individuals that maintain an ownership interest in the Customer Entity. Identify all Legal Entity Owners that directly or indirectly own 25% or more of the equity interest of the Customer Entity.

Does the customer have Legal Entity Owners with 25% or greater direct or indirect ownership interest? Yes NO

Legal Entity Owner Name : _____

Organization Type: _____

Provide percentage of ownership of the customer entity _____

Does the Legal Entity Owner play an additional role (s)?

General Partner Guarantor Limited Partner Member Trustee Other

Tax/Government ID Information

ID TYPE _____ **ID Number** _____

Legal Entity Registered Address

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Physical Address (No PO Boxes)

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Check this box if mailing address is the same as physical address

Mailing address Line 1:

Mailing address Line 2:

City:

State:

ZIP:

Legal Entity Owners Information:

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Yes NO

Legal Entity Owner Name : _____

Organization Type: _____

Provide percentage of ownership of the customer entity _____

Does the Legal Entity Owner play an additional role (s)?

General Partner Guarantor Limited Partner Member Trustee Other

Tax/Government ID Information

ID TYPE	N/A	ID Number N/A
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Legal Entity Registered Address

Address Line 1: _____

Address Line 2: _____

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Physical Address (No PO Boxes)

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Address Line 2: _____

City, State, Zip: _____

Check this box if mailing address is the same as physical address

Mailing address Line 1:

Mailing address Line 2:

City:

State:

ZIP:

Related Parties Information

Related Parties include key decision makers, and parties significant to the customer entity other than the "Person with Significant Control" (Control Prong) noted on the Certification of Beneficial Owners Form. Examples include, but are not limited to: Corporation – CEO, CFO; Limited Liability Company – LLC Manager or Managing Members; Partnerships – General Partner(s); Funds/Pooled Investment Vehicles – Investment Advisor, Fund Administrator. Please also include guarantors in this section.

Does the customer have any related parties that needs to be reflected based on the above	Yes	No
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Related Party					
Related Party Name : _____					
Related Party Type _____					
Will this person be a signer on the account?			Yes	No	
What Role(s) does the Related Party Play?					
<input type="checkbox"/> General Partner <input type="checkbox"/> Guarantor <input type="checkbox"/> Limited Partner <input type="checkbox"/> Member <input type="checkbox"/> Trustee <input type="checkbox"/> Manager					
<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Key Executive			<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Account Associated	
<input type="checkbox"/> Authorized Financial Representative _____					
Does this party have limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Limitations N/A					
Date of Birth: _____					
Please provide a copy of the Government ID used for verification					
Tax/Government ID Number:			State of Issue		
Issue Date:		Expiration date:			
Tax ID Type SSN		ID Number			

Physical Address (NO PO BOXES)	
Address Line 1: _____	
Address Line 2: _____	
City, State, Zip: _____	
Check this box if mailing address is the same as physical address	
Mailing address Line 1:	
Mailing address Line 2:	
City:	State: ZIP: