

ALLIANCE BANK

NEW BUSINESS DEPOSIT ACCOUNT APPLICATION

NAME OF BUSINESS:

 EIN or SS# _____

TYPE OF BUSINESS:

- ____ Sole Proprietor
- ____ General Partnership- *Need Partnership Agreement and Partnership Registration*
- ____ Limited Liability Partnership – *Need Partnership Agreement and Partnership Registration*
- ____ Limited Partnership – *Need Partnership Agreement and Partnership Registration*
- ____ Corporation – *Need Certificate of Incorporation or Articles and Minutes of Board Meeting*
- ____ Limited Liability Company – *Need Operating Agreement and Certificate of Formation or Articles*
- ____ Non-Profit Organization or Club – *Need Charter/By-laws/Minutes*
- ____ Formal Trust – *Need Trust Documents*
- ____ Other _____

BUSINESS ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

COUNTY _____

TYPE OF DEPOSITS BEING MADE:

- ____ Cash ____ Checks ____ Wire ____ ACH
- ____ Other _____

NUMBER OF DEPOSITS A MONTH _____

AUTHORIZED SIGNERS:

NAME _____

TITLE _____

SOC SEC # _____ DOB _____

DL # _____

STATE ____ ISSUE ____ EXP _____

HOME MAILING _____

ADDRESS _____

COUNTY _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

MOTHER'S MAIDEN NAME _____

BIRTH CITY _____

 NAME _____

TITLE _____

SOC SEC # _____ DOB _____

DL # _____

STATE ____ ISSUE ____ EXP _____

HOME MAILING _____

ADDRESS _____

COUNTY _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

MOTHER'S MAIDEN NAME _____

BIRTH CITY _____

For the purpose of obtaining a new account at the Alliance Bank by the depositor(s) named above, the undersigned, jointly and severally, represent that the above statements are true and complete, and authorize Alliance Bank to obtain information regarding my identity, credit history, and other banking history from a consumer reporting agency and obtain additional information concerning our account standing and furnish the same to others, to answer any questions about our experience and other financial relationships with the account holder and agree to the provisions of any rules, regulations or agreements of the account holder. The undersigned understand that it may be a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts, under the provisions of Title 19, United States Code, Section 1014.

Politically Exposed Person: Are you or co-applicant, a senior political figure within a country other than the United States OR are you or co-applicant a close friend, spouse or immediate family member to a senior political figure within a country other than the United States? Yes ____ or NO ____ If yes, please specify which applicant(s) and the name of the country and specific name or territory office represents, name of politician, and title of office held.) _____

Unlawful Internet Gambling Enforcement Act of 2006: As an officer or owner of the below-named organization. I have been notified that Alliance Bank is required by regulations implementing the Unlawful Internet Gambling Enforcement Act of 2006 to ensure that its commercial customers' accounts do not receive deposits or other credits derived from illegal Internet gambling. By signing below I hereby certify that the above-named organization does not engage in an Internet gambling business of any kind, either legal or illegal, and that I or a representative of the organization will notify the Alliance Bank immediately if the organization engages in an Internet gambling business at any future time.

 Owner or Officer Signature

SIGNATURE OF AUTHORIZED SIGNER(S):

 DATE _____

 DATE _____

 DATE _____

APPROVED/DENIED BY _____ IF DENIED, REASON: _____