



Customer Identification Profile Business Account Application

Important Information About Procedures for Opening A New Account:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number or employer's identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Portfolio Number

Business/Entity Information

New Customer?

Yes No

Business/Entity Name:			
Physical Street Address:		City	State Zip
Mailing Address (if different):			
Business Phone:		Fax #:	
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. (LLC)			Years in Business:
<input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			State Established:
Primary Line of Business:		Email/Website:	
Identification Number: SSN from a U.S. person – EIN from a U.S. Entity. If "TIN APPLIED FOR" status, refer to additional procedures. One or more identifying numbers (TIN preferred) from Non-U.S. person including Non-U.S. entity).			
<input type="checkbox"/> U.S. Taxpayer Identification Number:		<input type="checkbox"/> TIN Applied For:	
<input type="checkbox"/> Employer Identification Number (EIN):			
Business Identification: Attach a copy of all documentation:			
<input type="checkbox"/> Assumed Business Name Filing		<input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Corporate Resolution		<input type="checkbox"/> Meeting Minutes	<input type="checkbox"/> 501(c)(3) Status
		<input type="checkbox"/> LLC Agreement	<input type="checkbox"/> Other (list)

Owner/Principal Officer Information

Name:		Address:	
Home Phone: ()		Business Phone: ()	
Cell Phone: ()		Date of Birth: / /	SSN:
E-Mail Address: (optional)		Place of Birth: (City/State)	% of ownership And/or Title:
Government Issued Photo Identification:		Attach copies of all documentation	
Number:		ID Type:	
Issuing Government:		Issue Date:	Expiration Date:
State Issued:		Verified With: <input type="checkbox"/> ChexSystems <input type="checkbox"/> OFAC on-line	
		Issued By:	
Secondary ID: Document Type:		Issue Date:	Expiration Date:



Customer Identification Profile Business Account Application

Other Officers/Signers on Account: Attach separate sheet if additional space needed

Name:		Address:	
Home Phone: ()		Business Phone: ()	
Cell Phone: ()		Date of Birth:	SSN:
E-Mail Address: <i>(optional)</i>		Place of Birth: (City/State)	% of ownership And/or Title:
Government Issued Photo Identification:			
Number:		ID Type:	
Issuing Government:		Issue Date:	Expiration Date:
State Issued:		Verified With:	ChexSystems OFAC on-line
Issued By:			
Secondary ID: Document Type:		Issue Date:	Expiration Date:

Nature of Business:		
<input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Restaurant/Food <input type="checkbox"/> Other		
If other, list type:		
Will the business cash checks for customers or employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business conduct wire/electronic transfer services for customers? If Yes, what type?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will wire/electronic funds transfers be sent to foreign countries? If Yes, list countries:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business sell money orders, traveler's checks or stored value cards? If Yes, what type?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business sell lottery tickets, pull tabs or have any other gaming activities? If Yes, what type?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business engage in Internet gambling activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the anticipated weekly cash activity for deposits?		\$
What is the anticipated weekly cash activity for withdrawals?		\$
Does the business maintain an ATM?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business accept VISA/MasterCard or others? If Yes, who is the current payment processor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List all owners who have controlling interest in the company:	% of ownership	Do these owners have existing relationships with PWB?

