

DATE

NEW BUSINESS ACCOUNT APPLICATION

OFFICIAL BUSINESS NAME	TAX ID NUMBER
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DOING BUSINESS AS...	WEB SITE
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STREET ADDRESS	CITY, STATE, ZIP
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MAILING ADDRESS	CITY, STATE, ZIP
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PHONE	SECONDARY PHONE	FAX
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TYPE OF BUSINESS ENTITY - CHECK ONE

- | | | |
|--|--|--|
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> C-CORPORATION | <input type="checkbox"/> NON-PROFIT ORG |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> LLC | <input type="checkbox"/> NON-PROFIT CORP |
| <input type="checkbox"/> S-CORPORATION | <input type="checkbox"/> LLP | <input type="checkbox"/> OTHER |

PRODUCTS - CHECK APPROPRIATE BOXES

- | | | |
|---|--|--|
| <input type="checkbox"/> STANDARD CHECKING | <input type="checkbox"/> INTEREST CHECKING | <input type="checkbox"/> MONEY MARKET |
| <input type="checkbox"/> CERTIFICATE OF DEPOSIT | <input type="checkbox"/> SAVINGS | <input type="checkbox"/> ANALYSIS CHECKING |

SIGNER INFORMATION

NAME _____
 TITLE _____
 DRIVER'S LICENSE NUMBER _____
 SOCIAL SECURITY NUMBER _____
 HOME PHONE NUMBER _____
 EMAIL _____

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TYPE OF BUSINESS - DOCUMENTS REQUIRED

- | | |
|--|---------------------------|
| <input type="checkbox"/> SOLE PROPRIETOR | DBA FILING WITH STATE |
| <input type="checkbox"/> PARTNERSHIP | PARTNERSHIP AGREEMENT |
| <input type="checkbox"/> S-CORPORATION | ARTICLES OF INCORPORATION |
| <input type="checkbox"/> C-CORPORATION | ARTICLES OF INCORPORATION |
| <input type="checkbox"/> LIMITED LIABILITY CORPORATION | OPERATING AGREEMENT |
| <input type="checkbox"/> NON-PROFIT ORGANIZATION | BYLAWS |
| <input type="checkbox"/> NON-PROFIT CORPORATION | ARTICLES OF INCORPORATION |
| <input type="checkbox"/> ASSOCIATION | CHARTER, BYLAWS |

SIGNATURE

Signature: By signing below, (a) I certify the above information is correct, (b) I agree to comply with the terms and conditions governing the accounts and services including fees and charges, (c) I agree that **Pacific West Bank** may contact any source necessary to verify my credit responsibility, including preparation of a credit report by a credit reporting agency, if applicable.

Applicant's signature _____ Date _____
 Applicant's signature _____ Date _____

