

## Business Account Application

### SECTION I - ABOUT THE BUSINESS

Business Name		Contact Person	Annual Sales
Street Address		City	State Zip Code
Mailing Address <i>(If different from above)</i>		City	State Zip Code
Tax Identification Number	Phone #	Fax #	Email Address:
Has Business Ever Applied for Credit from Bank of Whittier, N.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe the nature of your business?			
Industry:			
Legal Designation	<input type="checkbox"/> <b>Corporation</b> <b>State of Incorporation</b> _____ <i>Check one of the following:</i> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corporation (LLC)		
	<input type="checkbox"/> <b>Partnership</b> <i>Check one of the following:</i> <input type="checkbox"/> Limited <input type="checkbox"/> General <input type="checkbox"/> Other _____		
	<input type="checkbox"/> <b>Sole Proprietorship</b> <input type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Professional Partnership</b>		
Date Business Started	How long has Current Ownership Been in Place? _____ Years and _____ months		Number of Employees

### SECTION II – ABOUT THE OWNER(S)/SECRETARY/MEMBER(S)/PARTNER(S)/SOLE PROPRIETOR

First Name		MI	Last Name	
Residence Street Address		City	State	Zip Code
Time at Current Address		Date of Birth	Place of Birth	Citizenship
Social Security Number	Cell Phone:	Title:  Occupation:		
	Work Phone:			
	Home Phone:			
	Email Address:			
DL #, State issued:	DL Exp. Date:	DL Issue Date:		

First Name		MI	Last Name	
Residence Street Address		City	State	Zip Code
Time at Current Address		Date of Birth	Place of Birth	Citizenship
Social Security Number	Cell Phone:	Title:  Occupation:		
	Home Phone:			
	Email Address:			
DL #, State issued:	DL Exp. Date:	DL Issue Date:		

First Name		MI	Last Name	
Residence Street Address		City	State	Zip Code
Time at Current Address		Date of Birth	Place of Birth	Citizenship
Social Security Number	Cell Phone: Work Phone: Home Phone: Email Address:		Title: Source of Income: Occupation:	
DL #, State issued:	DL Exp. Date:	DL Issue Date:		

**SECTION III – AUTHORIZED SIGNER INFORMATION**

**How many signatures are required to write checks?**

First Name		MI	Last Name	
Residence Street Address		City	State	Zip Code
Social Security Number		Date of Birth	Home Phone:	Cell Phone:
Title				

First Name		MI	Last Name	
Residence Street Address		City	State	Zip Code
Social Security Number		Date of Birth	Home Phone:	Cell Phone:
Title				

First Name		MI	Last Name	
Residence Street Address		City	State	Zip Code
Social Security Number		Date of Birth	Home Phone:	Cell Phone:
Title				

**SECTION IV – FINANCIAL PROFILE** – List all accounts. If accounts are held at other banks, please submit last account statement.

Bank Name	Address, City, State	Account Number	Account Type	Current Balance
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

**SECTION V - BUSINESS TRADE REFERENCES** *List two major suppliers.*

Name of Supplier	Person to Contact	Telephone Number

**SECTION VI - OTHER BUSINESS INFORMATION** *If you answer yes to any of the questions below, please explain on a separate sheet.*

1. Is the business currently involved in any litigation or other legal claims?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Has the business or any principal ever declared bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Are any taxes currently past due by the business or any principal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Is the company liable on any debts not shown above?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Is firm or principal contingently liable as guarantor or endorser?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

By signing below, we/I represent and agree that:

1. We/I are the owner(s) or authorized officer(s) named in Section II and all information in the application is, to the best of our/my knowledge, correct. We/I acknowledge that the Bank is relying on our statement in this application and that the statements will be incorporated by reference into any agreement we/I may enter into with the Bank. We/I also realize that failure to completely and accurately disclose the information requested would constitute a breach of any agreement that we/I may enter into with Bank.
2. We/I authorize Bank of Whittier, N.A. to obtain a credit report or other report or account information from credit or information services agencies to help verify the information we/I provided in this application; for consideration of other accounts and services; and for any other lawful purposes.

---

Signature of Principal \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Principal \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Principal \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_