



RF BUSINESS INCOME GENERATING CHECKING ACCOUNT (RF - IDA) Business Account Application

SECTION I - ABOUT THE BUSINESS

Business Name		Contact Person		Annual Sales	
Street Address		City	State		Zip Code
Mailing Address (If different from above)		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"/> Corporation	State of Incorporation			
	Check one of the following <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corporation (LLC)				
	<input type="checkbox"/> Partnership				
	Check one of the following <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corporation (LLC)				
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Individual	<input type="checkbox"/> Professional Partnership		
Date Business Started		How long has Current Ownership Been in Place?			Number of Employees
		Years and Months			

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

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
------------------------	-------	------