



## RF BUSINESS INCOME GENERATING SAVINGS ACCOUNT (RF - IGSA) 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<br>Work Phone<br>Home Phone<br>Email Address |               | Title:                     |
|                          |   |               | Occupation:                |
| 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<br>Work Phone<br>Home Phone<br>Email Address |               | Title:                     |
|                          |   |               | Occupation:                |
| 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<br>Work Phone<br>Home Phone<br>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<br><input type="checkbox"/> Savings |                 |
|           |                      |                | <input type="checkbox"/> Checking<br><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 |
|------------------------|-------|------|