

APPLICATION FOR BUSINESS ACCOUNT

Account Number	Date Opened		
Account Type <input type="checkbox"/> Checking: <input type="checkbox"/> Savings: <input type="checkbox"/> Money Market: <input type="checkbox"/> Other: <input type="checkbox"/> Time Certificate of Deposit () • Contract Amount : \$ • Term: • Maturity Date: • Interest Rate(%): • APY(%): <input type="checkbox"/> Club Savings • Contract Amount : \$ • Term: • Maturity Date: • Interest Rate(%): • APY(%): <input type="checkbox"/> <i>Check if monthly deposit will be made by auto-transfer from BankAsiana Account. (Account No.)</i> <small>Funds will be automatically transferred only to the extent the funds are available (as more fully described in the bank's funds availability schedule disclosure) in the automatic transfer account. This authorization will remain in full force and effect until bank receives customer's written notice of revocation or until either debiting or crediting account is closed.</small>			
Business Name	Tax ID number		
DBA (if any)	Chex System <input type="checkbox"/> Record <input type="checkbox"/> No Record		
Business Address			
Mailing Address (if different than above)	Business Phone Number		
Entity Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Org <input type="checkbox"/> Other:		
Business Type	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacture <input type="checkbox"/> Service <input type="checkbox"/> Import/Export <input type="checkbox"/> Other:		
Business Description	NAICS# (Bank Use)		
Signers Information	Signer 1	Signer 2	Signer 3
Name			
Title			
Social Security No.			
Home Address			
E-mail Address			
Home / Cell Phone			
Date of Birth			
Primary ID			
Type/Issuer	/	/	/
Number			
Issue Date/Expiration Date	/	/	/
Secondary ID			
Mother's Maiden Name			
Citizenship			
Bank Use Only			
Chex System			
Political Exposed Person(PEP)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide details)
ATM/Debit No.			
• Opening Amount: \$ • Source: <input type="checkbox"/> Cash: \$ <input type="checkbox"/> Checks: \$ <input type="checkbox"/> Other: \$ • Referred by:			

Account Number

- **Account Purpose** General Business Payroll Other(Specify: _____)
- **Comments (If any)**

For Checking and Savings Accounts Only

- Expected Monthly Average Balance : \$ _____
- Expected Number of Checks Issued per Month : _____
- What type of account activity does the customer anticipate per month? (Check all that apply)

- Cash Deposits Frequency(_____) Estimated Total Amount. (\$ _____)
- Cash Withdrawals Frequency(_____) Estimated Total Amount. (\$ _____)
- ACH Credits Frequency(_____) Estimated Total Amount. (\$ _____)
- ACH Debits Frequency(_____) Estimated Total Amount. (\$ _____)
- Incoming Wires Frequency(_____) Estimated Total Amount. (\$ _____)
- Outgoing Wires Frequency(_____) Estimated Total Amount. (\$ _____)

*If expected wires from/to foreign country(ies), please indicate the name of country(ies): _____

- Do/Will you operate an ATM machine? Yes No
- If yes, please provide the location : _____

- Does your company provide financial services? If yes, please check all that apply
 - Check Cashing Currency Sales or Exchange Check Sales or Redemption
 - Stored Value Cards Money Transmission Other: _____

- **Y.E.S. Overdraft Protection?** Yes (Limit Amount: \$ _____) No

Bank Use Only			
	OFAC by	Opened by	Approved by
Name			
Initial			
Date			