



BUSINESS ACCOUNT INFORMATION FORM

NOTICE: ACCOUNT WILL NOT BE ACTIVATED NOR WILL CHECKS BE ORDERED UNTIL ALL INFORMATION HAS BEEN VERIFIED.

Please Initial: ___ Yes ___ No I request issuance of a debit card in connection with this account.

Type of Account (Please Check one)

Checking ___ Savings ___ Certificate of Deposit ___ Safe Deposit Box ___ Loan ___

Information About Account Owner:

Full Legal Name					
Principal Place of Business		Time at Address		Years: Mos:	
City, State, Zip					
Mailing Address (if different)					
Type of Entity (Corp./Sole Prop.)		Web Site or E-Mail Address			
Employer Identification #		Phone #		Fax #	
State Organized/Incorporated		Year Organized/Incorporated			
Authorized Resolution Dated		On File With Bank		Submitted with Application	
Nature of Business				To Be Provided	
Principal Owner (s)				Title	
Address					
City, State, Zip					
Work Phone		Home Phone		Cell Phone	

Authorized Signer Information:

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

Authorized Signer Information:)

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

Authorized Signer Information:

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize Alliance Bank to make any necessary inquiries on my personal, employment, credit and account history.

Authorized Signature

Date

Accepted By: Initials and Date

BUSINESS ACCOUNT INFORMATION FORM, cont.

Authorized Signer Addendum

Authorized Signer Information:

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

Authorized Signer Information:)

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

Authorized Signer Information:

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

Authorized Signer Information:

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

Authorized Signer Information:)

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			

Authorized Signer Information:

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Mother's Maiden Name			