



For Office Use Only	
Opened By:	Account Number:
Place Bar Code Here	

BUSINESS/DBA/TRUST ACCOUNT APPLICATION

As required by the USA Patriot Act, Important Information about opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What This Means For You:** When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other indentifying documents.

1.) Please choose the types of accounts you are interested in below:

Business:

- Business Savings CD Club Account-Christmas/Vacation
- Small Business Checking Sole Proprietor NOW Checking
- Money Market Super Money Market Money Market Prestige Safe Deposit Box

Trust:

- Savings CD IRA Club Account-Christmas/Vacation
- Regular Checking Account Freedom Checking NOW/Super NOW Checking
- Money Market Super Money Market Money Market Prestige Safe Deposit Box

2.) BUSINESS ACCOUNT INFORMATION

Legal Business Name		Type of Entity	Tax ID No
Business Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Phone Number	Fax Number	Business Web Site Address	
Type of Account	Initial Deposit Amount \$	Source of Funds for Opening Account	
Nature of Business/Types of Goods or Services Sold		Years in Business	State & Date of Organization
List each of your owned business locations below			

3.) Are you Interested in the following Services:

- Internet Banking Bill Pay Merchant Debit Card

4.) Are you interested in purchasing checks for this account? _____

5.) Describe your USA market area and customer base. Check all that apply

- Local county residents Local statewide residents Multi-state area residents USA Citizens International customers

If International customers, please describe your primary target market? _____

6.) Do you/will you perform the following services for customers?

- | | | | |
|------------------------|--|-----------------------------|--|
| Check Cashing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Issuer of Traveler's checks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Currency Dealer | <input type="checkbox"/> Yes <input type="checkbox"/> No | Issuer of Money Orders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Currency Exchange | <input type="checkbox"/> Yes <input type="checkbox"/> No | Issue Stored Valued Cards | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wire Transfer Services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Money Transmitter | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signatures are required on the back or 2nd page of this form.

Business Account Name _____

7.) Please estimate monthly volume for all accounts, please ensure percentages total 100%.

Total Deposits: \$ _____	Total Withdrawals: \$ _____
_____ % cash	_____ % cash
_____ % checks	_____ % checks
_____ % currency exchange	_____ % currency exchange
_____ % ACH, Debit Card, Check Conversion	_____ % ACH, Debit Card
_____ % sell of official checks, money orders, etc.	_____ % purchase of official checks, money orders, etc.
_____ % domestic wire transfers	_____ % domestic wire transfers
_____ % foreign wire transfers	_____ % foreign wire transfers
100%	100%

8.) Will you engage in an Internet Gambling Business? Yes No If yes, please provide documentation

Please attach additional information sheets for additional signers if needed

9.) AUTHORIZED INDIVIDUAL INFORMATION

Mr. Mrs. Ms. Dr.	Name (First)	(Middle)	(Last)	Position/Title
Individual Address (Street Address)			Mailing Address (if different)	
City, State, Zip Code			City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address	
Social Security/Tax ID Number		Date of Birth (MM/DD/YYYY)	Mother's Maiden Name	
Drivers License, State Id, or Passport Number		Issue Date	Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien

10.) AUTHORIZED INDIVIDUAL INFORMATION

Mr. Mrs. Ms. Dr.	Name (First)	(Middle)	(Last)	Position/Title
Individual Address (Street Address)			Mailing Address (if different)	
City, State, Zip Code			City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address	
Social Security/Tax ID Number		Date of Birth (MM/DD/YYYY)	Mother's Maiden Name	
Drivers License, State Id, or Passport Number		Issue Date	Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien

I understand that under the USA Patriot Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time, in its sole discretion, without providing notice, close the account. I certify that I am aware that restricted internet gambling transactions are prohibited from being processed through the account or relationship. The information I have provided is correct to the best of my knowledge. I authorize First State Bank of NWA to check credit and/or employment history should it deem necessary. Verification of all account information is provided by Chexsystems.

11.) SIGNATURE(S) REQUIRED

_____ AUTHORIZED SIGNATURE	_____ PRINT NAME	_____ TITLE	_____ DATE
_____ AUTHORIZED SIGNATURE	_____ PRINT NAME	_____ TITLE	_____ DATE

