## **Business Account Application**

First Name:	Last Name:					
Submitted on:						
Business Information						
Business Name			Tax ID Number			
Business Phone #			Business Fax #			
Purpose of Business Please give a brief description of your business.						
Business Type	<ul><li>Sole Proprietor (DBA)</li><li>Corporation</li><li>Partnership</li><li>LLC</li><li>Non-Profit</li><li>Other:</li></ul>	N)				
Business Address Information	Address Line 1  Address Line 2  City	State	ZIP Code			
		Signer Information				
First Name		Middle Name	Last Name			

Date of Birth		Social Security #	
Driver's License #	Driver's License State	Driver's License Issue Date	Driver's License Expiration Date
Signers Address Information	Address Line 1 Address Line 2 City	State	ZIP Code
Primary Phon	е	Secondary Phone	E-mail Address
How would you preferred to be contacted?	O Primary Phone O Secondary Phone E-mail Other:		
		Co-Signer Information	
Are you applying as an individual or with a cosigner?	O Individual O Co-Signer		
First Name		Middle Name	Last Name
Date of Birth		Social Security No.	
Driver's License #	Driver's License State	Driver's License Issue Date	Driver's License Expiration Date
Co-Signer Address Information	Address Line 1		
	Address Line 2 City	State	ZIP Code

Primary Phon	Secondary Phone	E-mail Address			
How would you prefer to be contacted?	<ul><li>Primary Phone</li><li>Secondary Phone</li><li>Email</li><li>Other:</li></ul>				
Products and Services Needed	First Small Business Checking  First Business Checking  Business Savings  Business Money Market  IOLTA  Online Banking  Bill Pay  Cash Management Services (See Separate Application)				
Endorsement	naire is to begin the application process. All applications are s				
I certify that all information provided by me herein, including attachments (s) is true, correct and complete. I authorize First Texoma National Bank to make whatever inquiries about me you deem necessary and appropriate for the purpose of evaluating my credit, including obtaining credit reports and contacting my employer. I also authorize the Bank to provide credit information about its credit experience with me to other creditors and credit reporting agencies. I authorize the Bank to obtain address information from the Department of Motor Vehicles and waive the address confidentiality requirements of the State Vehicle Code. I agree to provide any further information the Bank might require to process my application.					
(required)	I/We AGREE with the above statement				
Authorization	Applicant's Signature				
	Signature	Date 			
Authorization	Co-Signer's Signature				
	Signature	Date			