



# First Texoma National Bank

The neighborhood bank you can count on.

## 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

- ☐ Sole Proprietor (DBA)
- ☐ Corporation
- ☐ Partnership
- ☐ LLC
- ☐ Non-Profit
- ☐ Other:

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 Phone		Secondary Phone	E-mail Address
How would you preferred to be contacted?	<input type="radio"/> Primary Phone		
	<input type="radio"/> Secondary Phone		
	<input type="radio"/> E-mail		
	<input type="radio"/> Other:		
Co-Signer Information			
Are you applying as an individual or with a co-signer?	<input type="radio"/> Individual		
	<input type="radio"/> 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 Phone		Secondary Phone		E-mail Address			
How would you prefer to be contacted?		<input type="radio"/> Primary Phone					
		<input type="radio"/> Secondary Phone					
		<input type="radio"/> Email					
		<input type="radio"/> Other:					
Products and Services Needed		<input type="checkbox"/> First Small Business Checking					
		<input type="checkbox"/> First Business Checking					
		<input type="checkbox"/> Business Savings					
		<input type="checkbox"/> Business Money Market					
		<input type="checkbox"/> IOLTA					
		<input type="checkbox"/> Online Banking					
		<input type="checkbox"/> Bill Pay					
		<input type="checkbox"/> Cash Management Services (See Separate Application)					
The purpose of this questionnaire is to begin the application process. All applications are subject to approval.							
<b>Endorsement</b>							
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)		<input type="checkbox"/> I/We AGREE with the above statement					

Authorization	Applicant's Signature	
	Signature	Date
Authorization	Co-Signer's Signature	
	Signature	Date