

# COMMUNITY BANK OF THE SOUTH - NEW COMMERCIAL ACCOUNT APPLICATION

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all banks 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 for your name, address, date of birth, and other information that will allow us to identify you and/or your business. We may also ask to see your driver's license or other identifying documents.

BUSINESS NAME \_\_\_\_\_ TAX ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street (must be physical address) City State Zip

MAILING ADDRESS (if different) \_\_\_\_\_  
(May be street address or PO Box) City State Zip

BUSINESS PHONE \_\_\_\_\_ TYPE / NATURE OF BUSINESS \_\_\_\_\_

**Please answer the following questions about your business...**

### Is your business a:

\_\_\_\_ SOLE PROPRIETORSHIP    \_\_\_\_ CORPORATION    \_\_\_\_ LLC    \_\_\_\_ OTHER  
\_\_\_\_ PARTNERSHIP    \_\_\_\_ NON-PROFIT    \_\_\_\_ LLP    (please specify)

Does your business offer any of these services?    \_\_\_\_ No    \_\_\_\_ Yes (If Yes, check all that apply)

**\*\*A Money Service Business checklist must be completed if any items are marked here\*\***

\_\_\_\_ Checks Cashed    \_\_\_\_ Purchase of Travelers Checks  
\_\_\_\_ Money Transmission    \_\_\_\_ Purchase of Money Orders  
\_\_\_\_ Currency Exchange or Dealing

Will your deposits include cash?    \_\_\_\_ No    \_\_\_\_ Yes (If Yes, weekly estimate \$ \_\_\_\_\_)

Will your business need coin or currency from us?    \_\_\_\_ No    \_\_\_\_ Yes  
(If Yes, weekly estimate of Coin \$ \_\_\_\_\_ / weekly estimate of Currency \$ \_\_\_\_\_)

Who are the Principals of the Business? (Use second application for additional principals)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ IDENTIFICATION (STATE / #) \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

Street City State ZIP

PRIMARY CONTACT? \_\_\_\_ (Yes or No) PRESENT TODAY? \_\_\_\_ (Yes or No) HOME PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ IDENTIFICATION (STATE / #) \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

Street City State ZIP

PRIMARY CONTACT? \_\_\_\_ (Yes or No) PRESENT TODAY? \_\_\_\_ (Yes or No) HOME PHONE # \_\_\_\_\_

I/we hereby make application to hold an account with Community Bank of the South and agree to conform to its by-laws and amendments thereof. I/we certify that the information provided on this application is true and correct. I/we authorize Community Bank of the South to obtain credit reports and any such information as may be required concerning statements made.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

To be completed by CSR:

Opening Deposit \$ \_\_\_\_\_ Source of Funds:    Cash    Check    Internal Transfer (Account # \_\_\_\_\_)