

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 # _____

Are ____ you or ____ a family member considered a politically exposed person? If yes, what title is held? _____

What City _____ County _____ State _____ Country _____?

NAME _____ TITLE _____

SSN _____ DOB _____ IDENTIFICATION (STATE / #) _____

RESIDENCE ADDRESS _____

Street City State ZIP
PRIMARY CONTACT? ____ (Yes or No) PRESENT TODAY? ____ (Yes or No) HOME PHONE # _____

Are ____ you or ____ a family member considered a politically exposed person? If yes, what title is held? _____

What City _____ County _____ State _____ Country _____?

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 # _____)