



# BUSINESS ACCOUNT APPLICATION

FOR USE ON NEW BUSINESS ACCOUNTS AND CHANGING/ADDING SIGNERS TO EXISTING BUSINESS ACCOUNTS.  
REFER TO THE ATTACHED BUSINESS CHECKLIST FOR DOCUMENTATION REQUIREMENTS.

By signing this document, I authorize BankCherokee to obtain information regarding my identity, credit history, and other banking history from a consumer-reporting agency. I understand that this information will be used in conjunction with the request to open or modify a deposit account being submitted by within named entity on which I will be an authorized signer. I further understand if information in the credit report results in a decision to either disallow my signing authority on the account or disallow opening the account, BankCherokee will communicate this fact to owners and/or authorized signers of the (proposed) account. I further authorize BankCherokee to obtain such information at any time from one or more consumer reporting agencies that it may choose as long as I am an authorized signer on the account.

## ENTITY INFORMATION

_____ Name	_____ EIN
_____ Address	_____ Business Phone
_____ City / State / Zip	_____ Website Address
_____ Nature of Business	

SIGNER 1		SIGNER 2	
_____ Name / Title		_____ Name / Title	
_____ % of Ownership in the Business		_____ % of Ownership in the Business	
_____ Social Security Number	_____ Date of Birth	_____ Social Security Number	_____ Date of Birth
_____ Address / City / State / Zip		_____ Address / City / State / Zip	
_____ Home Phone		_____ Home Phone	
_____ Business Phone		_____ Business Phone	
_____ Cell Phone		_____ Cell Phone	
_____ Email Address		_____ Email Address	
_____ Signer 1 Signature		_____ Signer 2 Signature	
_____ Date		_____ Date	

## TO BE COMPLETED BY BANKER

_____ Type of Entity		_____ State of Organization	
_____ Articles/Agreement		_____ Authorization/Resolution	
_____ Date		_____ Date	
_____ SIGNER 1 ID Number		_____ SIGNER 2 ID Number	
_____ ID Issue State/Country		_____ ID Issue State/Country	
_____ ID Type		_____ ID Type	
_____ ID Issue Date		_____ ID Issue Date	
_____ ID Exp. Date		_____ ID Exp. Date	

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<b>SIGNER 3</b>		<b>SIGNER 4</b>	
Name / Title		Name / Title	
% of Ownership in the Business		% of Ownership in the Business	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Address / City / State / Zip		Address / City / State / Zip	
Home Phone		Home Phone	
Business Phone		Business Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Signer 3 Signature	Date	Signer 4 Signature	Date

**TO BE COMPLETED BY BANKER**

<b>SIGNER 3</b> ID Number		<b>SIGNER 4</b> ID Number	
ID Issue State/Country		ID Issue State/Country	
ID Type		ID Type	
ID Issue Date	ID Exp. Date	ID Issue Date	ID Exp. Date

**CHECKSYSTEMS VERIFICATIONS**

Resp. Code \_\_\_\_\_

**SIGNER 1** Verification Date \_\_\_\_\_ Comments \_\_\_\_\_  
**SIGNER 2** Verification Date \_\_\_\_\_ Comments \_\_\_\_\_  
**SIGNER 3** Verification Date \_\_\_\_\_ Comments \_\_\_\_\_  
**SIGNER 4** Verification Date \_\_\_\_\_ Comments \_\_\_\_\_