



# Business Account Information

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation\* \_\_\_\_\_ L.L.C.\* \_\_\_\_\_

Business Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip

Tax Payer I.D. # \_\_\_\_\_ Business Phone \_\_\_\_\_

Opening Deposit Amount \$ \_\_\_\_\_

Signer \_\_\_\_\_  
First Last Soc. Sec. #

Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Signer \_\_\_\_\_  
First Last Soc. Sec. #

Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

If you have additional signers, please provide the necessary information on separate paper.

To help us provide faster service, please provide:

- A voided copy of you current check style
- The number of endorsement stamps needed: \_\_\_\_\_
- A copy of your deposit ticket

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

*\*Corporations/L.L.C.: Please provide a copy of you Articles of Incorporation.  
Please note-We'll prepare a format signature card and account disclosure for permanent record.*



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**FDIC**





# Business Account Information

## Current Account Relationship

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Financial Institution	Type of Account	Average Balance
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Financial Institution	Type of Account	Average Balance
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Financial Institution	Type of Account	Average Balance
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## Authorization for Automatic Transfers

Please change my existing authorization(s).

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(1) Payee (Name of Company)	Account #	Amount
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(2) Payee (Name of Company)	Account #	Amount
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Previous Bank Name	Previous Bank Account
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Customer Signature	Title	Date
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## Important Information

Some companies require the use of their own forms to initiate the switch. In order to help facilitate this change from your existing account to your new Centennial Bank account, we may ask you to provide your current banking information, including a previous bank statement and any forms supplied to you by the party originating the debit or credit.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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 allows us to identify you. We may also ask to see your driver's license or other identifying documents.



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# Business Account Information

## Account Preferences

Please indicate accounts and services you currently use or are interested in:

- |   |  |
|---|--|
| <input type="checkbox"/> Savings Account                    | <input type="checkbox"/> Direct Deposit                                |
| <input type="checkbox"/> Money Market Account               | <input type="checkbox"/> Internet Banking                              |
| <input type="checkbox"/> Time CD                            | <input type="checkbox"/> Treasury Tax Payments                         |
| <input type="checkbox"/> Sweep Account/Overdraft Protection | <input type="checkbox"/> Check Imaging/ CD ROM                         |
| <input type="checkbox"/> Business Loan or Line of Credit    | <input type="checkbox"/> Retirement Programs<br>(401K, IRA, SIP, etc.) |
| <input type="checkbox"/> Personal Loan                      | <input type="checkbox"/> Investments                                   |
| <input type="checkbox"/> Merchant Credit Card Acceptance    |  |

## To Apply for Credit

I am interested in applying:

Alone  With a Co-Applicant  With a Guarantor  Other: \_\_\_\_\_

The Purpose of this loan is:  Business  Personal

## Loan Information Request

- Loan Amount \$ \_\_\_\_\_  Line of Credit
- Purpose \_\_\_\_\_  Short Term (Less than 12 months)
- Collateral Offered \_\_\_\_\_  Long Term (Monthly Payment)
- Working Capital

Along with this application, please provide the following items:

- Personal financial statement
- Last 2 years tax returns (complete)
- 2 years business financial statement
- 2 years business tax returns

**This questionnaire does not take the place of a loan application. Its purpose is to begin the loan application process. Please see an Centennial Bank Associate to apply for and finalize a loan application.**

Financial Condition: From time to time applicant and co-applicant have provided Lender with information on their financial condition(s). By signing this credit request, applicant and co-applicant signing below represent and warrant to Lender that the information provided above is true and correct and that there has been no adverse change in their financial condition(s) as disclosed to the Lender on their most recent financial application(s). Lender is authorized to make any investigation of the credit and employment status of applicant and any co-applicant either directly or through any agency employed by Lender.

\_\_\_\_\_  
Signature of Business Applicant Date      Signature of Guarantor or Co-Applicant      Date

All credit and loan products are subject to credit approval.

Member FDIC · Equal Housing Lender



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