

BUSINESS NEW ACCOUNT INFORMATION

Business Name _____

Business Address

Street Address _____

City _____ State _____ Zip _____ Since _____

Business Phone _____ EIN _____

- Legal Entity: Sole Proprietor
 Corporation
 PA
 LLC
 LLP
 Partnership

Accounts Needed

Operating Account Payroll Account Merchant Account Other (list) _____

Business Owners and Signers

Name	Title	Position	Beneficial Owner?*	Account Signer?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Beneficial Owners (those with any ownership in the business), should also complete the "Personal New Account Information" form.

New Accounts are Subject to Approval. Additional Information May Be Required to Complete This Request.