



Business Account Application

DATE _____

Business Type: Trade Name____ Corporation____ Partnership____ Lodge____ Non Profit____
 Type of Account: Commercial Checking____ Commercial Investment____
 Commercial Money Market_____

BUSINESS NAME:			
BUSINESS ADDRESS:	CITY:	STATE:	ZIP:
BUSINESS PHONE:	BUSINESS FAX:		
TAX ID #:	BUSINESS LICENSE #:		
PRINCIPAL #1:	SOCIAL SECURITY NUMBER:		
ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		
E-MAIL ADDRESS:	DATE OF BIRTH:		
DRIVER'S LICENSE #:	STATE:	EXPIRATION DATE:	
EMPLOYER:	BUSINESS PHONE:		
EMPLOYER ADDRESS:	CITY:	STATE:	ZIP:
HAVE YOU BEEN A GEORGIA RESIDENT FOR 5 YEARS?			
IF NOT, WHAT WAS THE PREVIOUS STATE?			

PRINCIPAL #2:		SOCIAL SECURITY NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		
E-MAIL ADDRESS:	DATE OF BIRTH:		
DRIVER'S LICENSE #:	STATE:	EXPIRATION DATE:	
EMPLOYER:	BUSINESS PHONE:		
EMPLOYER ADDRESS:	CITY:	STATE:	ZIP:
HAVE YOU BEEN A GEORGIA RESIDENT FOR 5 YEARS?			
IF NOT, WHAT WAS THE PREVIOUS STATE?			

PREVIOUS BANKING EXPERIENCE			
BANK NAME:	CITY:	STATE:	ZIP:
CHECKING:	SAVINGS:	LOANS:	
SAFE DEPOSIT BOX:	CD/IRA:		

REFERENCES (FRIEND OR RELATIVE)			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:

THE APPLICANT(S) ACKNOWLEDGES THAT ALL INFORMATION WILL BE VERIFIED AND CONSUMER CREDIT AGENCIES WILL BE UTILIZED TO EVALUATE THIS APPLICATION. EACH APPLICANT OPENING AN ACCOUNT AGREES TO BE GOVERNED BY ALL POLICIES AND REGULATIONS OF GEORGIA BANKING COMPANY.

SIGNATURE:	DATE:
SIGNATURE:	DATE:

FOR BANK USE

FINANCIAL SERVICE REPRESENTATIVE:		
EXISTING CUSTOMER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT ACCOUNT #'S		

NEW APPLICANT		
PRINTOUT ATTACHED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	
DECLINE REASON:		

OPENING DEPOSIT			
TYPE OF ACCOUNT:		ACCOUNT #:	
CASH:	CHECK:	TOTAL:	
DEPOSIT HELD:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE TO BE RELEASED:
NOTICE OF DELAYED AVAILABILITY GIVEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CHECK STYLE:			
STARTING NUMBER:			
PHONE NUMBER ON CHECK:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PHONE #
SSN ON CHECK:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SSN:
DL # ON CHECK:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DL#:
COVER:			