

DATE

ACCEPTED

DECLINED

BUSINESS ACCOUNT APPLICATION

BUSINESS TYPE: TRADE NAME _____ CORPORATION _____ PARTNERSHIP _____ LODGE _____ NON PROFIT _____

TYPE OF ACCOUNT COMMERCIAL CHECKING _____ COMMERCIAL INVESTMENT _____

BUSINESS _____ NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TAX ID # _____ BUSINESS LICENSE # _____

PRINCIPAL #1 _____ SSN _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PHONE _____ DATE OF BIRTH _____

EMPLOYER _____ BUSINESS PHONE _____

EMPLOYER ADDRESS _____ CITY _____

STATE _____ ZIP _____

HAVE YOU BEEN A GEORGIA RESIDENT FOR 2 YEARS? _____

IF NOT, WHAT WAS THE PREVIOUS STATE? _____

PRINCIPAL #2 _____ SSN _____ -

ADDRESS _____ CITY _____ STATE _____

ZIP _____

HOME PHONE _____ DATE OF BIRTH _____

EMPLOYER _____ BUSINESS PHONE _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____

ZIP _____

HAVE YOU BEEN A GEORGIA RESIDENT FOR 2 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 PLICIES AND REGULATIONS OF COMMERCE BANK.

SIGNATURE	_____	DATE	_____
SIGNATURE	_____	DATE	_____

FOR BANK USE

CSR _____

EXISTING CUSTOMER YES _____ NO _____

CURRENT	ACCOUNT	NUMBERS
_____	_____	_____

IF NEW APPLICANT

IDENTIFICATION _____

COPIES ATTACHED	YES _____	NO _____	<u>CHEX SYSTEMS</u>
DATE OF CBI	_____		SSN
PRINTOUT ATTACHED	YES _____	NO _____	STATE
			ISSUED
			YEAR
			ISSUED

DEROGATORY
INFORMATION _____

NEW ACCOUNT CHECKLIST

TYPE OF ACCOUNT _____ ACCOUNT #

DISCLOSURE GIVEN TO CUSTOMER YES _____ NO _____
DISCLOSURE MAILED TO CUSTOMER DATE _____

OPENING DEPOSIT

CASH _____ CHECKS _____ TOTAL

DEPOSIT HELD YES _____ NO _____ DATE TO BE RELEASED

NOTICE OF DELAYED AVAILABILITY GIVEN _____

CHECK _____ STYLE

STARTING _____ NUMBER

PHONE NUMBER ON CHECK YES _____ NO _____ PHONE #

SOCIAL SECURITY NUMBER ON CHECK YES _____ NO _____ SSN #

DRIVER'S LICENSE NUMBER ON CHECK YES _____ NO _____ DL #

COVER
