



Please fill out the following information:

CIP Date: _____

Last name

First name

Middle initial

Business Street address (no PO Box numbers)

City

State

Zip

Phone

Email address

Tax Identification Verification

TIN/EIN

Verified by: Credit report EIN assignment letter ChexSystems

Reference check Financial statement Other: _____

Business Verification

Verified by: Articles of incorporation Articles of organization Trust document

Operating agreement Partnership agreement Government-issued business license

DBA paper/sole proprietorship Other: _____ Date of issuance _____

BUSINESS ACTIVITY

Name of business

Account number

Type of business (be specific)

Length of time in business

How often do you expect to make transactions in this account? Daily Weekly Monthly

Occasionally Cash: (approximate amount) _____

Wires: Daily Weekly Monthly Occasionally Type: National International

Cashier's checks/money orders: Daily Weekly Monthly Occasionally

Please attach a photocopy of two pieces of identification for each signer.