



Business Entity New Account Request

INFORMATION GATHERING SHEET

Important Information About Procedures for Opening a New Account

It is the practice of Pacific Crest Savings Bank to meet our clients in person initially. This document is provided as a convenience to expedite the new account opening process. Please contact the Client Service Team if you would like to arrange an appointment at your business location or visit our office any time during business hours. **The account is not considered established until a signature card has been signed and a deposit received by the bank. We will request your identification at that time.**

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 opening an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Business entity documents evidencing the existence of the entity and the individuals whom possess authority to establish a banking relationship will also be requested. Additionally, an understanding of expected transactional volume and type will be necessary.

Business Information

_____ ENTITY NAME		_____ PRIMARY BUSINESS PURPOSE		
_____ PRINCIPAL BUSINESS ADDRESS		_____ CITY	_____ STATE	_____ ZIP CODE
_____ BUSINESS PHONE NUMBER		_____ BUSINESS FAX NUMBER		
_____ WEB SITE		_____ EMAIL ADDRESS		
_____ TIN/EIN		_____ UBI NUMBER		
_____ PRIMARY CONTACT/TITLE		_____ DIRECT LINE		

Business structure: CORPORATION LLC PARTNERSHIP NOT FOR PROFIT OTHER: _____

Required Business Documentation (common business structures)

Corporation	Limited Liability Company	Partnership	Limited Liability Partnership
<input type="checkbox"/> ARTICLES OF INCORPORATION	<input type="checkbox"/> CERTIFICATE OF FORMATION	<input type="checkbox"/> PARTNERSHIP AGREEMENT	<input type="checkbox"/> PARTNERSHIP AGREEMENT
<input type="checkbox"/> BI-LAWS (IF APPLICABLE)	<input type="checkbox"/> OPERATING AGREEMENT	<input type="checkbox"/> CERTIFICATE OF LIMITED PARTNERSHIP (IF APPLICABLE)	<input type="checkbox"/> APPLICATION OF REGISTERED LIMITED LIABILITY PARTNERSHIP
<input type="checkbox"/> MINUTES IDENTIFYING CURRENT SIGNERS	<input type="checkbox"/> RESOLUTION	<input type="checkbox"/> RESOLUTION	<input type="checkbox"/> RESOLUTION
<input type="checkbox"/> RESOLUTION	<input type="checkbox"/> BUSINESS LICENSE	<input type="checkbox"/> BUSINESS LICENSE	<input type="checkbox"/> BUSINESS LICENSE
<input type="checkbox"/> BUSINESS LICENSE			

Transactional/Operational Information

Average number of checks issued each month:

1-100 100-500 500-1,000 OVER 1,000

Are cash deposits typical for your business?

NO YES: <\$1,000 <\$3,000 <\$5,000 >\$10,000

Do you cash checks for your customers?

YES NO

Does your business utilize wire transfers?

NO YES, TYPE(S): DOMESTIC INTERNATIONAL
MONTHLY AVERAGE NUMBER OF WIRES? _____

Does your business utilize ACH origination?

NO YES: DEBITS CREDITS PAYROLL ONLY

Are cash withdrawals typical for your business?

NO YES: <\$1,000 <\$3,000 <\$5,000 >\$10,000

Do you provide Internet gambling through your web site?

YES NO

Do you typically experience returned deposited items?

NO YES MONTHLY AVERAGE NUMBER OF RETURNS? _____

Principal/Authorized Signer Information

NAME OF FIRST PRINCIPAL/SIGNER

TITLE

PREFERRED PHONE NUMBER

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CITY OF BIRTH

NAME OF SECOND PRINCIPAL/SIGNER (IF APPLICABLE)

TITLE

PREFERRED PHONE NUMBER

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CITY OF BIRTH