

Business New Account Worksheet

Ownership of Account (Please provide copy of Ownership Document)

Other _____ Corporation Limited Liability Co Sole Proprietor
 Association/ Non-Profit Public Funds

Business Name: _____

Business Location: _____

Mailing Address: _____

Tax ID Number: _____

Business Phone: _____

Signers:

Name: _____

Title: _____

Social Security #: _____

Drivers License #: _____

Address: _____

Issue Date: _____ Exp. Date: _____

DOB: _____

Home Phone: _____

Email: _____

Cell Phone: _____

Signers:

Name: _____

Title: _____

Social Security #: _____

Drivers License #: _____

Address: _____

Issue Date: _____ Exp. Date: _____

DOB: _____

Home Phone: _____

Email: _____

Cell Phone: _____

If a Corp, LLC, Partnership, gather all Beneficial Owner(s) that owns at least 25% of equity interest (if more than one, use the backside):

Name: _____ DOB: _____ SSN: _____

Driver's License: _____ Physical Address: _____

Document one Entity Controller who is an individual with significant managing responsibility for the legal entity:

Name: _____ DOB: _____ SSN: _____

Driver's License: _____ Title: _____ Physical Address: _____

Debit Cards: Yes No

Products opened: _____

How did they hear about BOFR: _____

If a Corp, LLC, Partnership, gather all Beneficial Owner(s) that owns at least 25% of equity interest:

Name: _____ DOB: _____ SSN: _____

Driver's License: _____ Physical Address: _____

If a Corp, LLC, Partnership, gather all Beneficial Owner(s) that owns at least 25% of equity interest:

Name: _____ DOB: _____ SSN: _____

Driver's License: _____ Physical Address: _____

If a Corp, LLC, Partnership, gather all Beneficial Owner(s) that owns at least 25% of equity interest:

Name: _____ DOB: _____ SSN: _____

Driver's License: _____ Physical Address: _____