## **BUSINESS ACCOUNT OPENING QUESTIONNAIRE**

Employer Tax	x					ity Number	۸	
ID Number Account Title				(Sole pro	pprietor	or one person LLC only	/)	
Physical Address:					Mailing Address (if different):			
*Business Phone				*Business Fax				
*Company Website				*E-Mail for Primary Contact				
Nature/Type of Business				Date Business Established				
Form of Organization: For a list of required documentation see Page 2								
Sole Proprietorship				State: Date			Date:	
Corporation Type: For Profit Non Profit			State where incorporated			Date:		
Limited Liability Company			State where organized:			Date:		
Partnership Type: General Limited			Written Agreement? Y or N Date:					
Association			Minutes reflecting officers Date:					
Number of Si	gners on Ac	count	Minimum	informat	nformation required for all signers is listed below:			
Signer #1	First Name	<u> </u>		MI		Last Name		
Title		Date	of Birth			Social Security N	umber	
Driver's Licen	Driver's License Number			-		Issued By		
DL Issue Date	)				DL Exp	oiration Date		
Physical Addr	ess							
Home Phone						*Email address		
Signer #2	First Name			MI		Last Name		
Title			Date of Birth			Social Security N	umber	
Primary Identification						Issued By		
DL Issue Date					DL Exp	oiration Date		
Physical Addr	ess							
Home Phone						*Email address		
Signer #3	First Name			MI		Last Name		
Title			Date of Birth			Social Security N	umber	
Driver's License Number				Issued By				
DL Issue Date			DL Expiration Date					
Physical Addr	ess					T		
Home Phone						*Email address		
Signer #4	First Name			MI		Last Name		Т
Title			Date of Birth			Social Security N	umber	
Driver's License Number			1 -	Issued By				
DL Issue Date		DL Expiration Date						
Physical Address								
Home Phone				N.41	_	mail address		
Signer #5	First Name		D ( (D) (I	MI		st Name		<u> </u>
Title	o o Niverte e e		Date of Birth			cial Security Numb	er	
Driver's License Number			Issued By					
DL Issue Date					DL	Expiration Date		
Physical Address						*[ mail adding a		
Home Phone						*Email address		

<sup>\*</sup>Information should be provided if available

If you have any questions, please call our office. We welcome the opportunity to help you in any way we can.

Corporation (Profit/Non Profit) Corporation must show active status with State of Florida. If out of State Corporation, must register with the State of Florida For DBA, a Fictitious Name Registration If non-profit corporation, proof of tax exempt or non	Sole Proprietor (or 1 person LLC) Fictitious Name Registration, if applicable (Required unless owner's full name is used in title)  At least one of the following: City, County, or State Occupational License State Sales Tax Certificate
profit status  If Brand New Corporation – not yet on active status with State of Florida - Articles of Incorporation, along with a proof of filing (letter to the State of Florida for registration)	Other Government Issued document acknowledging existence
Limited Liability Company  LLC must show active status with State of Florida. If out of state, must register with the State of Florida	General Partnership For DBA, a Fictitious Name Registration  If Written Agreement, copy of first & last pages
For DBA, a Fictitious Name Registration  If a new LLC –not yet active status with State of Florida - Articles of Organization, along with proof of filing (letter to the State of Florida for registration)	At least <u>one</u> of the following: City, County, or State Occupational License State Sales Tax Certificate Other Government Issued document acknowledging existence
Limited Partnership Partnership must show active status with State of Florida For DBA, a Fictitious Name Registration  If a new LP –not yet active status with State of Florida – Partnership Agreement, along with proof of the filling (letter to the State of Florida for registration)	Clubs/Organizations Proof of Existence (at least one of the following or more until existence is satisfied by the bank)  Meeting Minutes (Including Signer Names and Authority levels)  Newsletter  Website Printout  Letter from School, National Headquarters, etc.  Letter from IRS awarding TIN Number  Anything that shows substantial proof

**Note:** The following additional information may be required on any of the above:

- City, county or state occupational license, or
- sales tax certificate or
- other government issued document acknowledging business



## AUTHORIZATION TO OBTAIN CHEX SYSTEM REPORT

By signing this document, I authorize Central Bank to obtain information regarding my identity and banking history from Chex Systems.

I understand that this information will be used modify a deposit account being submitted by	
(name of business or individual) on which I understand if information in the Chex System disallow my signing authority on the account Bank will communicate this fact to the busines (proposed) account.	will be an authorized signer. I further ms report results in a decision to either or disallow opening the account, <b>Central</b>
(propossa) account.	
(Name)	(Social Security Number)
(Signed)	(Date)