

Del Norte Bank  
Business New Account Application

Business Name \_\_\_\_\_ Tax ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

What will this account be used for? \_\_\_\_\_

What kind of funds are being used to open this account? \_\_\_\_\_

What did the funds come from to open this account? \_\_\_\_\_

Expected monthly cash in and out? In \_\_\_\_\_ Out \_\_\_\_\_

Is there or will there be an ATM onsite? \_\_\_\_\_

How is this business legally organized? \_\_\_\_\_

Are the Corporate and Local headquarters the same? \_\_\_\_\_

Are the Corporate and Local headquarters located in the United States? \_\_\_\_\_

Where are the Corporate headquarters located? \_\_\_\_\_

What is the business industry category? \_\_\_\_\_

What does this business sell or provide to customers? \_\_\_\_\_

In what state is this business incorporated or legally established? \_\_\_\_\_

How long has this business been in operation? \_\_\_\_\_ Years \_\_\_\_\_ Months

What is the local business estimated gross annual revenue? \_\_\_\_\_

How many locations does this business have locally? \_\_\_\_\_

How is this business typically paid? \_\_\_\_\_

Is this a publicly traded company? \_\_\_\_\_

Will this business conduct financial transactions OR have a connection (I,e. Personal, Family, Travel, Work) in or with a country other than the United States? \_\_\_\_\_

Port # \_\_\_\_\_ Ind, Joint, POD, Other \_\_\_\_\_

Acct # \_\_\_\_\_ Acct Type \_\_\_\_\_

Amt Opened Acct \_\_\_\_\_ 2 Signatures Required? Y / N If Yes, Tur off ACH Code? Y / N

Transfer from Acct \_\_\_\_\_ Debit Cards Allowed on Account? Y / N

Cash \_\_\_\_\_ Check \_\_\_\_\_ Cash Over \$3,000? Y / N Minor? Y / N Waive Service Charge? Y / N

Source of Revenue: Domestic or International

Customer Status: New or Current Chex Systems? Y / N

OFAC Verification or every account holder? Y / Customer Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Checks? Y / N Date Ordered: \_\_\_\_\_ Initial: \_\_\_\_\_

Verification Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Documentary Identification:**

Ownership %: \_\_\_\_\_  
Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issuing State: \_\_\_\_\_  
Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_  
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