OMNIBANK, N.A. **BUSINESS ACCOUNT APPLICATION** **DATE** _____

REV 03/07

TO OPEN A BUSINESS ACCOUNT YOU MUST HAVE THE FOLLOWING:

1. Associations - By-Laws, Minutes of Meeting, Resolution, & Tax I.D.#
2. Assumed Names/Trade Names/DBA's - Assumed Name Certificate & Trade Name Resolution
3. Corporations - Certificate of Incorporation, Articles of Incorporation, Corporate Resolution, & Tax I.D.#
4. Partnerships - Articles of Limited Partnership, Partnership Agreement, Partnership Resolution, & Tax I.D.#
5. All signers must have a current Texas Driver's License or Texas Dept. of Public Safety I.D. card or a current out of state Driver's License (with picture) and a receipt for a Texas Driver's License.
6. A current passport with picture and a receipt for a Texas Driver's License or I.D. Card.

IF YOU HAVE THE CORRECT DOCUMENTATION AND IDENTIFICATION, PLEASE COMPLETE THE FOLLOWING:

Which type of account would you like to open? _____ CHECKING _____ MONEY MARKET _____ SAVINGS _____ CERTIFICATE OF DEPOSIT

Additional Products Offered: _____ INTERNET BANKING _____ CASH MANAGEMENT SERVICES _____ SAFE DEPOSIT BOX

Type of Account: ☐ DBA ☐ CORPORATION ☐ PARTNERSHIP ☐ ASSOCIATION ☐ LLC

BUSINESS INFORMATION

BUSINESS NAME _____ TAX ID# _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY, STATE, ZIP CODE _____

TELEPHONE: BUSINESS _____ CELL _____

TYPE OF BUSINESS _____ WEBSITE ADDRESS _____

AUTHORIZED SIGNER #1

NAME _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ HOME TELEPHONE _____

CITY, STATE, ZIP CODE _____ MOTHER'S MAIDEN NAME _____

DRV LIC (STATE) _____ D.L. NO. _____ EXP. DATE _____ DATE OF BIRTH (MM/DD/YYYY) _____

PASS-PORT # _____ EXPIRATION DATE _____ COUNTRY/ PLACE OF ISSUANCE _____ DATE OF ISSUANCE _____

AUTHORIZED SIGNER #2

NAME _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ HOME TELEPHONE _____

CITY, STATE, ZIP CODE _____ MOTHER'S MAIDEN NAME _____

DRV LIC (STATE) _____ D.L. NO. _____ EXP. DATE _____ DATE OF BIRTH (MM/DD/YYYY) _____

PASS-PORT # _____ EXPIRATION DATE _____ COUNTRY/ PLACE OF ISSUANCE _____ DATE OF ISSUANCE _____

AUTHORIZED SIGNER #3

NAME _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ HOME TELEPHONE _____

CITY, STATE, ZIP CODE _____ MOTHER'S MAIDEN NAME _____

DRV LIC (STATE) _____ D.L. NO. _____ EXP. DATE _____ DATE OF BIRTH (MM/DD/YYYY) _____

PASS-PORT # _____ EXPIRATION DATE _____ COUNTRY/ PLACE OF ISSUANCE _____ DATE OF ISSUANCE _____

AUTHORIZED SIGNER #4

NAME _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ HOME TELEPHONE _____

CITY, STATE, ZIP CODE _____ MOTHER'S MAIDEN NAME _____

DRV LIC (STATE) _____ D.L. NO. _____ EXP. DATE _____ DATE OF BIRTH (MM/DD/YYYY) _____

PASS-PORT # _____ EXPIRATION DATE _____ COUNTRY/ PLACE OF ISSUANCE _____ DATE OF ISSUANCE _____

I/WE HEREBY APPLY FOR A NEW ACCOUNT AS DESCRIBED IN THIS APPLICATION ON BEHALF OF THE APPLICANT BUSINESS. I/WE CERTIFY THAT I/WE MADE NO MISPRESENTATION AND THAT ALL INFORMATION IS TRUE AND COMPLETE. OMNIBANK, N.A. IS AUTHORIZED TO VERIFY WITH OTHER PARTIES AND TO MAKE ANY INVESTIGATION OF MY CREDIT, EITHER DIRECTLY OR THROUGH ANY AGENCY EMPLOYED BY THE BANK FOR THAT PURPOSE.

APPLICANT'S SIGNATURE _____ APPLICANT'S SIGNATURE _____

APPLICANT'S SIGNATURE _____ APPLICANT'S SIGNATURE _____

BANK USE ONLY		***ADDITIONAL CUSTOMER INFORMATION***	***CROSS SELL PRODUCT CHECKLIST***	
NEW CUSTOMER:		*(Please note any CIP discrepancies here.)*		
EXISTING CUSTOMER:		TYPE OF ACCOUNTS OPENED & ACCOUNT #		
OPENED BY:			INTERNET BANKING	
REVIEWED BY:			SAFE DEPOSIT	
TELECHECK	CREDIT	CIF #(s):	CASH MANAGEMENT SERVICES	
CIP VERIFIED BY:		OFFICER INITIALS:	OMNISOURCE	