



Business New Account Application

New Customer Existing Customer Employee of SWCB

Business name: _____

Business type: Sole Proprietor
 Limited Liability Company
 Corporation
 Limited Liability Partnership
 General Partnership
 Limited Partnership
 Unincorporated Association
 Non-Profit
 Other: _____

EIN #: _____ - _____

Physical address: _____

Mailing address: _____

Phone #: _____ - _____ - _____

Email address: _____

Documentation: EIN and IRS Letter
 Operating Agreement
 Articles of Organization
 Certificate of Organization
 Articles of Incorporation
 Certificate of Incorporation
 Business License

Account Type: Savings
 Money Market
 Checking
 CD

Signer Information:

Customer name: _____

Date of birth: _____

SSN #: _____ - _____ - _____

Identification: ID #: _____ State: _____ Issue Date: _____ Expiration Date: _____

Physical address: _____

Mailing address: _____

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Phone #: _____ - _____ - _____

Email address: _____

Address matches ID: Yes No

Address verification: Bill
Lease agreement
Other: _____

Signer Information:

Customer name: _____

Date of birth: _____

SSN #: _____ - _____ - _____

Identification: ID #: _____ State: _____ Issue Date: _____ Expiration Date: _____

Physical address: _____

Mailing address: _____

Phone #: _____ - _____ - _____

Email address: _____

Address matches ID: Yes No

Address verification: Bill
Lease agreement
Other: _____

Signer Information:

Customer name: _____

Date of birth: _____

SSN #: _____ - _____ - _____

Identification: ID #: _____ State: _____ Issue Date: _____ Expiration Date: _____

Physical address: _____

Mailing address: _____

Phone #: _____ - _____ - _____

Email address: _____

Address matches ID: Yes No

Address verification type: _____

Address verification: Bill
Lease agreement
Other: _____