

DATE _____	OFFICER _____	REP _____	EXISTING BUS RELATIONSHIP _____	BRANCH _____
ACCT TYPE _____	ACCT # _____	CIF _____	HIGH RISK CODE _____	
CIP EXC YES <input type="checkbox"/> NO <input type="checkbox"/>	APPROVED BY _____	BUS. PH. VER. _____	INITIAL _____	REFERRED BY _____

**FIRST BANK OF CONROE, N.A. COMMERCIAL ACCOUNT APPLICATION**

**PLEASE NOTE: You MUST present all necessary documentation such as DBA Certification or Certificate of Incorporation, Articles of Inc., Partnership Agreement, LLC documentation, Tax ID Number, and proper identification for ALL signers before a commercial account will be established with FBOC. (See Financial Institution section for items required for your type of business.)**

**Business Name and Location**

Business Name		
		Business Website
Physical Address		Mailing Address
		City, State and Zip
City, State and Zip	Phone #	Fax #
Contact Person	Federal Tax ID #	

**Bank Reference**

Bank Name	Other services: Debit card _____ Quick Connect _____ Merchant Sys _____
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**Owners and Officers**

**Owner/Officer/Signer 1**

Name		Title		Drivers License	DOB
Residence Address		Home Ph		Employer	
City, State and Zip		Cell Ph		Occupation	
City, State, County of Birth	SS #	Existing Customer Yes <input type="checkbox"/> No <input type="checkbox"/>	Equity Ownership Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Ph	
Primary ID _____ Secondary ID _____		Email Address			

**Owner/Officer/Signer 2**

Name		Title		Drivers License	DOB
Residence Address		Home Ph		Employer	
City, State and Zip		Cell Ph		Occupation	
City, State, County of Birth	SS #	Existing Customer Yes <input type="checkbox"/> No <input type="checkbox"/>	Equity Ownership Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Ph	
Primary ID _____ Secondary ID _____		Email Address			

**Owner/Officer/Signer 3**

Name		Title		Drivers License	DOB
Residence Address		Home Ph		Employer	
City, State and Zip		Cell Ph		Occupation	
City, State, County of Birth	SS #	Existing Customer Yes <input type="checkbox"/> No <input type="checkbox"/>	Equity Ownership Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Ph	
Primary ID _____ Secondary ID _____		Email Address			

**Owner/Officer/Signer 4**

Name		Title		Drivers License	DOB
Residence Address		Home Ph		Employer	
City, State and Zip		Cell Ph		Occupation	
City, State, County of Birth	SS #	Existing Customer Yes <input type="checkbox"/> No <input type="checkbox"/>	Equity Ownership Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Ph	
Primary ID _____		Secondary ID _____		Email Address	

Business Profile		*Circle Selection			
Type of Ownership *:	Sole Proprietorship	Corporation	Organization/Association	Partnership	Trust
Principle Function of Business: (In detail)					
Type of Business:				Non Profit Yes <input type="checkbox"/> No <input type="checkbox"/>	Waive Svc Chg Yes <input type="checkbox"/> No <input type="checkbox"/>
Years in Business:		% of Deposits in Cash:	Number of Wire Transfers per month:		
Deposits & Amount Anticipated:	Monthly		Incoming	Outgoing	

**Merchant Acceptance**

Each person signing below agrees to the terms and conditions stated in all pages of this business profile application and certifies that all information provided is true, correct and complete. Each person authorizes the Bank or any credit reporting agency employed by the Bank, or any agent of the Bank, to make whatever inquiries the Bank deems appropriate to investigate, verify and research the references, statements and/or obtain data on the Business and on the individual owners or guarantors of the account(s) for the purpose of this banking relationship(s).

**\*\*\*\* IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT \*\*\*\***

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license and other identifying documents.

\_\_\_\_\_  
Applicants Signature/Title/Date

\_\_\_\_\_  
Applicants Signature/Title/Date

\_\_\_\_\_  
Applicants Signature/Title/Date

\_\_\_\_\_  
Applicants Signature/Title/Date

Financial Institution		*Circle Selection			
OFAC Verification:	Business _____	Signers: 1. _____	2. _____	3. _____	4. _____ 5. _____
Opening Deposit Information:	Amount \$ _____	Cash _____	Check _____	Transfer _____	Other _____
Documents Obtained for DBA*:	Montgomery County DBA _____	Resolution _____			
Documents Obtained for Org/Assoc*:	Certification _____	Minutes _____	Resolution _____		
Documents Obtained for Corp*:	Cert of Inc. _____	Articles _____	Minutes _____	Resolution _____	Cert of Good Standing _____ Guarantee _____
Documents Obtained for Partnership*:	Part Agreement _____	Minutes _____	Resolution _____	All Partners Present _____	
Documents Obtained for LLC*:	LLC Cert _____	Articles _____	Minutes _____	Resolution _____	Cert of Good Standing _____
Signature Card:	Received _____	Scanned _____	# of Authorized Signers _____		
Verified by:	_____		Date: _____		