



New Business Account Application

(Check One)

New Customer

Existing Customer

Exempt

Entity Information

Name of Legal Entity: _____

Business Structure: _____

State of Origination: _____

Tax Identification Number: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Website: _____

Business Purpose: _____

Age of Business: _____

Account Purpose: _____

Current Financial Institution: _____

Reason you chose Miners National Bank as your Financial Institution: _____

Account Activity Anticipated

- | | | | |
|--|-----------------|--|-----------------|
| <input type="checkbox"/> Cash Deposits | \$____per month | <input type="checkbox"/> International Wires | \$____per month |
| <input type="checkbox"/> Cash Withdrawals | \$____per month | <input type="checkbox"/> Domestic Wires | \$____per month |
| <input type="checkbox"/> Electronic Transactions | \$____per month | <input type="checkbox"/> Check Deposits | \$____per month |

Types of Products Anticipated

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Business Checking | <input type="checkbox"/> Online Banking | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Small Business Checking | <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Commercial Loan | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Business Savings | <input type="checkbox"/> Night Depository | <input type="checkbox"/> Other | |

Specialized Services

Are you a non-profit entity? Yes No

Are you a Money Service Business? Yes No

Is this an IOLTA account? Yes No

Do you process payments for another person or entity? Yes No

Are you a pre-paid phone card provider? Yes No

Will you be using a facsimile signature? Yes No

Does the business have any privately owned ATM machines located on the premises? Yes No

Does your company have any games or financial activities on its website? Yes No

Do you provide services to companies who provide internet gambling? Yes No

Authorized Signors Name and Title

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Beneficial Ownership

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity:

Name: _____ Social Security Number: _____ Date of Birth: _____

Current Address: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Current Address: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Current Address: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Current Address: _____

Important Account Opening Information

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me, as an individual, anytime an account is opened, or a change is made. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature: _____ Date: _____

Joint Applicant's Signature: _____ Date: _____