

Business Information

New Business Existing Business

Business Name _____ **Tax ID #** _____

Check The Box For Appropriate Type Of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Organization / Association	<input type="checkbox"/> Partnership <input type="checkbox"/> Government (County / State / Federal)	<input type="checkbox"/> Corporation Profit / Non-Profit <input type="checkbox"/> Church	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Public Funds
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Type of Business Conducted: _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address (if other than physical) _____

Business Phone (_____) _____ - _____ County & State of Bus _____ Business Start Date ____ / ____ / ____ SIC Code _____

Do you provide any of the following services? Check Cashing <input type="checkbox"/> YES <input type="checkbox"/> NO Money Transfers <input type="checkbox"/> YES <input type="checkbox"/> NO Money Orders <input type="checkbox"/> YES <input type="checkbox"/> NO Currency Exchange <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "Yes" for any of the above, please provide us with a copy of your MSB Registration. Do you sell Phone Cards? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please List Other Existing Banking Relationships (Account #s): # _____ # _____ # _____ # _____
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Please check the services you expect to use their frequency (daily weekly etc.) and their average dollar amounts where requested

Deposits: Frequency _____ Avg. Amount \$ _____ % In Cash _____	Cash Withdrawals: Frequency _____ Avg. Amount \$ _____	Wire Transfers: Frequency _____ Outgoing to _____ Incoming from _____	Loans: YES <input type="checkbox"/> NO <input type="checkbox"/>	Safe Deposit: YES <input type="checkbox"/> NO <input type="checkbox"/>	Merchant Services: YES <input type="checkbox"/> NO <input type="checkbox"/>
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Authorized Signers

1	Do You Have Legal Rights to Reside in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Individual Full Name _____ Position _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First Name / Middle Initial / Last					
Social Security # _____ - _____ - _____ Date of Birth ____ / ____ / ____ Home Phone (_____) _____ - _____					
Residence _____ Rent / Own _____ Physical Address _____ City _____ State _____ Zip _____ (Circle One)					
Mother's Maiden Name _____ Email Address _____					
Identification Type:	<input type="checkbox"/> Texas Drivers License # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Texas ID # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Military ID # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Passport # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Other _____ # _____ Expires: ____ / ____ / ____

*Mailing Address (if other than residence) _____
 Address _____ City _____ State _____ Zip _____
 Authorization to verify owner information through ChexSystems: YES NO Signature: _____

2	Do You Have Legal Rights to Reside in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Individual Full Name _____ Position _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First Name / Middle Initial / Last					
Social Security # _____ - _____ - _____ Date of Birth ____ / ____ / ____ Home Phone (_____) _____ - _____					
Residence _____ Rent / Own _____ Physical Address _____ City _____ State _____ Zip _____ (Circle One)					
Mother's Maiden Name _____ Email Address _____					
Identification Type:	<input type="checkbox"/> Texas Drivers License # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Texas ID # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Military ID # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Passport # _____ Expires: ____ / ____ / ____	<input type="checkbox"/> Other _____ # _____ Expires: ____ / ____ / ____

*Mailing Address (if other than residence) _____
 Address _____ City _____ State _____ Zip _____
 Authorization to verify owner information through ChexSystems: YES NO Signature: _____

Date ____ / ____ / ____ Branch <input type="checkbox"/> 1-Main <input type="checkbox"/> 2-N Mesquite <input type="checkbox"/> 3-Terrell	Account Type _____ Account # _____ Amt \$ _____	New Accounts Representative: Signature _____ Employee Number _____
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Authorized Signers Continued...

3 Do You Have Legal Rights to Reside in the United States? Yes No

Individual Full Name _____ Position _____
 Mr. Mrs. Miss Dr. First Name / Middle Initial / Last

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Home Phone (____) _____ - _____

Residence _____ Rent / Own _____
 Physical Address City State Zip (Circle One)

Mother's Maiden Name _____ Email Address _____

Identification Type:	<input type="checkbox"/> Texas Drivers License # _____ Expires: ____/____/____	<input type="checkbox"/> Texas ID # _____ Expires: ____/____/____	<input type="checkbox"/> Military ID # _____ Expires: ____/____/____	<input type="checkbox"/> Passport # _____ Expires: ____/____/____	<input type="checkbox"/> Other _____ # _____ Expires: ____/____/____
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*Mailing Address (if other than residence) _____
 Address City State Zip
 Authorization to verify owner information through ChexSystems: YES NO Signature: _____

4 Do You Have Legal Rights to Reside in the United States? Yes No

Individual Full Name _____ Position _____
 Mr. Mrs. Miss Dr. First Name / Middle Initial / Last

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Home Phone (____) _____ - _____

Residence _____ Rent / Own _____
 Physical Address City State Zip (Circle One)

Mother's Maiden Name _____ Email Address _____

Identification Type:	<input type="checkbox"/> Texas Drivers License # _____ Expires: ____/____/____	<input type="checkbox"/> Texas ID # _____ Expires: ____/____/____	<input type="checkbox"/> Military ID # _____ Expires: ____/____/____	<input type="checkbox"/> Passport # _____ Expires: ____/____/____	<input type="checkbox"/> Other _____ # _____ Expires: ____/____/____
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*Mailing Address (if other than residence) _____
 Address City State Zip
 Authorization to verify owner information through ChexSystems: YES NO Signature: _____

5 Do You Have Legal Rights to Reside in the United States? Yes No

Individual Full Name _____ Position _____
 Mr. Mrs. Miss Dr. First Name / Middle Initial / Last

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Home Phone (____) _____ - _____

Residence _____ Rent / Own _____
 Physical Address City State Zip (Circle One)

Mother's Maiden Name _____ Email Address _____

Identification Type:	<input type="checkbox"/> Texas Drivers License # _____ Expires: ____/____/____	<input type="checkbox"/> Texas ID # _____ Expires: ____/____/____	<input type="checkbox"/> Military ID # _____ Expires: ____/____/____	<input type="checkbox"/> Passport # _____ Expires: ____/____/____	<input type="checkbox"/> Other _____ # _____ Expires: ____/____/____
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*Mailing Address (if other than residence) _____
 Address City State Zip
 Authorization to verify owner information through ChexSystems: YES NO Signature: _____

Financial Institution Information Below - for Use by Bank Personnel

<p>Date ____/____/____ Time ____:____</p> <p>Branch <input type="checkbox"/> 1-Main <input type="checkbox"/> 2-N Mesquite <input type="checkbox"/> 3-Terrell</p> <p>ChexSystems Code _____</p> <p>Verified with OFAC: <input type="checkbox"/> Business <input type="checkbox"/> Signers</p> <p><input type="checkbox"/> Permanent Residence Verified</p> <p><input type="checkbox"/> Immigration Status Verified</p> <p>Customer's Officer _____</p>	<p style="text-align: center;"><input type="checkbox"/> New Account <input type="checkbox"/> Existing Account</p> <p>Account Type _____</p> <p>Account # _____</p> <p>Deposit Amt \$ _____</p> <p>New Money: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other</p> <p style="text-align: center;">Reason(s) For Choosing First State Bank</p> <p style="text-align: center;"><input type="checkbox"/> Convenience <input type="checkbox"/> Mailer <input type="checkbox"/> Newspaper</p> <p style="text-align: center;"><input type="checkbox"/> Other Accounts at FSB <input type="checkbox"/> Products</p> <p style="text-align: center;"><input type="checkbox"/> Service <input type="checkbox"/> Rates <input type="checkbox"/> Service Charges</p> <p style="text-align: center;"><input type="checkbox"/> Special Event <input type="checkbox"/> Referral by _____</p>	<p style="text-align: center;"><u>Product / Service</u></p> <p><input type="checkbox"/> Check Order</p> <p><input type="checkbox"/> Merchant Services (MC/Visa)</p> <p><input type="checkbox"/> Internet Banking</p> <p><input type="checkbox"/> Safe Deposit Box</p> <p><input type="checkbox"/> Telephone Banking</p> <p><input type="checkbox"/> Other</p> <p>New Accounts Representative:</p> <hr/> <p>Signature _____ Employee Number _____</p>
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