



## BUSINESS NEW ACCOUNT APPLICATION

Thank you for choosing **Business Bank of Texas, N.A.** for your business needs. We are committed to helping determine the best banking options for your business. To assist us, please complete, sign, and submit this form together with copies of requested information that include entity documents supporting the establishment of your business type including, but not limited to the following:

- **IRS EIN Confirmation Letter**
- **Copy of current government issued ID for all signers, and the following as applicable:**
  - **Corporation** – a copy of the file stamped Articles of Incorporation/Certificate of Formation and Certificate of Incorporation and corporate minutes naming officers and authorized signers
  - **Partnership** – a copy of the partnership agreement, Certificate of Formation or Certificate of Limited Partnership
  - **Limited Liability Company (LLC)** – a copy of the file stamped Articles of Formation or a Certificate of Organization listing all members of the LLC
  - **Joint Venture** – a copy of the Joint Venture Agreement
  - **Sole Proprietorship** – a copy of the filed Assumed Name Certificate

Completed forms and supporting documentation can be secure emailed to [operations@businessbankoftexas.com](mailto:operations@businessbankoftexas.com) or faxed to 512-835-6614. **Your account will not be opened without a completed application and required supporting documentation.**

### Type of Account and Activity – PLEASE CHECK ALL THAT APPLY

Account Type		Internet Banking	Cash Management Services/ ACH	Domestic Wire Transfers	Foreign Wire Transfers	Remote Deposit Capture	Cashier's Checks
Simple Business	√						
Simple Analysis							
Ultimate Business Money Market							
Certificate of Deposit: Term: <input style="width: 80px;" type="text"/>							

**Nature of Business (retail, construction, medical, etc.):**

**Names of Major Suppliers/Vendors:**

**Names of Major Customers:**

### BUSINESS STRUCTURE – PLEASE CHECK ALL THAT APPLY

Sole Proprietorship		Corporation		Multi-layered Business Design (please provide an org chart)	
Partnership		Limited Liability Company – single member		Club/Association	
Partnership (more than 2)		Limited Liability Company – more than one member		Professional Organization or Non-Governmental Organization	
Joint Venture		Corporation – not for profit		Government Entity (MUD)	





**BUSINESS BANK  
OF TEXAS**<sub>N.A.</sub>

**BUSINESS INFORMATION**

Business Name: NAICS:		Years in Business: Number of employees:
DBA:		Account Title:
Phone   Fax:		Years of Relationship with Business Bank of TX:
E-mail:		Website:
Physical Address (required):		Federal Tax ID:
City, State ZIP Code:		Is your business or any of your owners a foreign entity or related to one? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if different)		Annual Sales/Revenue:
City, State ZIP Code		Source of Funds:
Accounts with other banks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where. Or with BBoT? <input type="checkbox"/> Yes <input type="checkbox"/> No		Customer base: <input type="checkbox"/> Local <input type="checkbox"/> Multi-state <input type="checkbox"/> Country-wide <input type="checkbox"/> International

**SIGNER ONE**

Full Legal Name:		SSN:	
Title:		Phone:	
Physical Home Address (required):		Fax:	
City, State ZIP Code:		E-mail:	
Mailing Address (if different)		Date of Birth:	
City, State ZIP Code		Driver's License # Number:	
Years of Relationship with Business Bank of TX:		US Citizen or Resident Alien:	





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**SIGNER TWO**

Full Legal Name:		SSN:	
Title:		Phone:	
Physical Home Address:		Fax:	
City, State ZIP Code:		E-mail:	
Mailing Address (if different):		Date of Birth:	
City, State ZIP Code:		Driver's License Number:	
Years of Relationship with Business Bank of TX:		US Citizen or Resident Alien:	

**SIGNER THREE**

Full Legal Name:		SSN:	
Title:		Phone:	
Physical Home Address:		Fax:	
City, State ZIP Code:		E-mail:	
Mailing Address (if different):		Date of Birth:	
City, State ZIP Code:		Driver's License Number:	
Years of Relationship with Business Bank of TX:		US Citizen or Resident Alien:	

**As a financial institution we are required by Federal law to know our customers. In order to do this we must perform ongoing diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business customers conduct. You may be required to complete this or a similar questionnaire after the account has been opened on a regular basis. Failure to answer all questions, in detail where required, may result in the account not being opened or restricting access to the account after opening.**





Do you provide any type of service which would classify your business as a Money Service Business, currency dealer, or exchanger?  Yes  No

Do you issue, sell, or redeem traveler's checks, money orders, or stored value products? Or do you make payday loans?  
 Yes  No

Is your business a non- bank financial institution?

- Casino or Card Club  Dealer in precious metals, stones, or jewelry
- Other financial institution – pawn brokers, loan or finance companies
- My business is not a non-bank financial institution.

**Business Bank of Texas, NA does not currently open accounts for the following businesses/entities. Please initial next to each statement below certifying that you do not now nor will you in the future participate in activities related to:**

\_\_\_\_\_ Proprietary/Non-Bank Owned ATM/ATM Services Provider: Business Bank of Texas, NA is unable to maintain the degree of oversight required of a financial institution maintaining accounts for privately (nonbank) Owned ATM Services Providers. This means we are unable to open an account for you if you have an ATM on premises that is not directly owned by a financial institution.

\_\_\_\_\_ Marijuana-Related Business related to the growth, distribution of marijuana whether for medical or other purposes. While the growth, sale, and/or distribution of marijuana is legal in some states, as a national bank we are unable to provide banking services to this industry by virtue of these activities being against federal law.

\_\_\_\_\_ Interest on Lawyer Trust Accounts (IOLTAs): Business Bank of Texas, NA does not have the appropriate account structure established at this time and is unable to maintain the degree of oversight required of a financial institution maintaining IOLTAs.

\_\_\_\_\_ Money Services Business (MSB): Business Bank of Texas, NA is unable to support the types and volume of transactions generally required by an MSB at this time. Nor can we maintain the degree of oversight required of a financial institution maintaining accounts for Money Service Businesses (this includes accounts for Agents acting on behalf of a larger MSB).

\_\_\_\_\_ Third-Party Payment Processors (TPPPs): Business Bank of Texas, NA is unable to maintain the degree of oversight required of a financial institution maintaining accounts for TPPPs.

Is anyone related to the ownership of this business a current or former senior political figure, their immediate family members or close associates?  Yes  No - If yes, please explain:





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**MONTHLY EXPECTED ACTIVITY**

**Will you make cash deposits/withdrawals?**  Yes  No - If yes, what will be the usual dollar amounts?

Cash Deposits	Approximately: \$ _____ Number of transactions: _____	Or Between	\$ _____ and \$ _____
Cash Withdrawals	Approximately: \$ _____ Number of transactions: _____	Or Between	\$ _____ and \$ _____

**Will you send or receive wire transfers?**  Yes  No - If yes, what will be the usual dollar amounts?

Sending wires	Approximately: \$ _____ Number of transactions: _____	Or Between	\$ _____ and \$ _____
Receiving wires	Approximately: \$ _____ Number of transactions: _____	Or Between	\$ _____ and \$ _____

Describe the purpose of these transfers and geographical locations to/from which they will be sent or received.

**Will you send or receive ACH transactions?**  Yes  No - If yes, what will be the usual dollar amounts?

ACH Deposits	Approximately: \$ _____ Number of transactions: _____	Or Between	\$ _____ and \$ _____
ACH Withdrawals	Approximately: \$ _____ Number of transactions: _____	Or Between	\$ _____ and \$ _____

**Remote Deposit Capture ("RDC") Activity?**  Yes  No - If yes, what will be the usual dollar amounts?

RDC Deposits	Approximately: \$ _____ Number of transactions: _____	Or Between	\$ _____ and \$ _____
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Source of checks to be deposited (e.g. vendor payments, insurance checks, payment for services, etc.):

**Non-Governmental Organizations** need to state their purpose and objective:





## Certification Regarding Beneficial Owners of Legal Entity Customers

### I. General Instructions

#### What is this form?

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

#### Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with a bank. For the purposes of this form, a legal entity includes a corporation, a limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

#### What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security Number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- i. Each individual, if any, who owns directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); and
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under (ii) and four 25% equity holders under section (i)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.





II. Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

- a. Name and Title of Natural Person Opening the Account:

\_\_\_\_\_

- b. Name and Address of Legal Entity for Which the Account is Being Opened:

\_\_\_\_\_

- c. 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 listed above:

Name	Date of Birth	Physicacal Address (Residential or Business)	Social Security Number	Foreign ID Number and Country of Issuance

*(If no individual meets this definition, please write "not applicable".)*

- d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer).
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address	Social Security Number	Foreign ID Number





I, \_\_\_\_\_ (printed name of natural person opening account), hereby certify, to the best of my knowledge, that the information above is complete and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

