



CUSTOMER INFORMATION SHEET

DATE : \_\_\_\_\_

Form with fields for Name on Social Security Card, Date of Birth, Social Security Number, Name on Account, Street Address, Apt. #, City, State, Zip, Mailing Address, Primary Phone, Primary E-Mail, Previous Bank, Drivers License #, State, Expiration Date, Employer, Position/Type of Business, Self-Employed Occupation, Business Address, Nearest Relative, Relative's Physical Address, Relatives Phone #.

JOINT APPLICANT INFORMATION

Form with fields for Name on Social Security Card, Date of Birth, Social Security Number, Street Address, Apt. #, City, State, Zip, Primary Phone, Drivers License #, State, Expiration Date, E-Mail Address, Employer, Position/Type of Business, Self-Employed Occupation, Business Address, Apt. #, City, State, Zip, Business Phone.

By signing below, I authorize the user to obtain and release credit information in connection with this application and to any credit granted, and acknowledge that I have received and read all required disclosures. This application is SUBJECT TO CREDIT APPROVAL.

PRIMARY APPLICANT SIGNATURE

JOINT APPLICANT SIGNATURE

FOR BANK USE ONLY

We must see and copy at least one document listed below to verify identity and it must be current with photo identification:

State Driver's license [ ] State I.D. card [ ] Passport [ ] Military I.D. Card [ ]

If the individual is not a U.S. person, we obtain their individual taxpayer identification number in lieu of a Social Security Number and one or more of the following:

Passport number and Country of issuance [ ] Alien identification card number [ ]

Information from all customers is subjected to non-documentary verification. At least one of the following will be completed by the end of the second business day following the opening of the account.

Contact customer by phone [ ] Contact employer [ ] Credit Report [ ] Contact previous bank [ ] Obtain Financial Statement [ ] Send Thank You Card [ ] OFAC Verified [ ]

New Customer [ ] Existing Customer [ ]

ACCOUNT # \_\_\_\_\_

Check Card Ordered: YES [ ]

PORT # \_\_\_\_\_

Employee Initials: \_\_\_\_\_

Credit Score # \_\_\_\_\_ NO [ ]

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

Credit Score # \_\_\_\_\_

SCS Card Ordered: YES [ ]

NO [ ]

