BUSINESS INFORMATION SHEET

Password: _____ **Number of Signatures:** _____

Date: _____

Business Name: _____

Corporation LLC Partnership Trust Sole Prop Association Public Funds

EIN: _____ **Business Phone:** _____

Principal Activity: _____

Physical Address: _____

Street

City State Zip

Mailing Address: _____

Street

City State Zip

The following is for Financial Institution Use Only

Documentation	**Received**	**Pending**
Articles of Incorporation		
Articles of Organization		
Partnership Agreement		
Trust Agreement		
Copy of Application for EIN		
Business License		
Resolution of Authority		
Personal Information Sheets		
Copies of Driver's Licenses/SS Cards		

Verification	**Yes**	**No**
ChexSystems		
Secretary of State Report		

Port Number:	**Account Number:**	**Product Code:**