

BUSINESS APPLICATION

Important information about procedures for opening a new account as required by the USA PATRIOT ACT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. **MEMBER FDIC**

BUSINESS INFORMATION								
Business Name	ess Name TIN							
DBA Name (if applicable)			Number of Years in Business					
Physical Address (no PO Boxes)			Website Address					
City	State Zi	County _						
Mailing Address (if different)								
City	_ State Zi	p County _						
Business Phone	Cell Phone	2	Email Address					
Business Type: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP) ☐ Association ☐ Corporation (Inc) ☐ Non-Profit Corporation (Inc) ☐ Organization ☐ Estate ☐ Trust ☐ Other:								
Nature of Business (of the services you provide, example convenience store, car dealership, landscaping, etc)								
Name of Primary Business Contact:								
Please complete and sign								
Do you intend to use this account for illegal online gambling? \Box YES \Box NO								
Would you like digital access to your accounts? $\ \square$ YES $\ \square$ NO								
Would you like eStatements? \square YES \square NO								
I hereby authorize New Market Bank to obtain a consumer report that relates to this application. I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I understand if the information requested is not provided within 30 days, my account may be closed.								
Applicant Signature			Date					

DAUTHORIZED	SIGNER #1 \Box I	BENEFICIA	L OWNER	GUARANTOR	
undering activities, Federal law requires a	ll financial institutions to obtain , we will ask for your name, ad	n, verify, and record	information that ider	the government fight the funding of terrorism an ntifies each person who opens an account. Wha n that will allow us to identify you. We may also	t this
egal Name (First, Middle, Last)			Preferred N	lame	
irth Datemm/dd/yyyy	SSN		Website Ad	dress	
ell Phone	Home Phone		Work Ph	one	
mail Address					
nysical Address (no PO Boxes)					
ty State	Zip	County			
lailing Address (if different)					
ity State	Zip	County			
revious Address if less than 5 years					
Type: □ DL □ Passport		Other		untry of Issuance	
Number		Issue Date	mm/yyyy	Exp. Datemm/dd/yyyy	
urrent Employer			.,,,,		
. ,				If retired or Unemployed, what was your occupation	
Please complete and sign					
Security Code for Identification	May of 12 phays stors	Hint Phrase	Helpful reminder i	security code is forgotten	
Preferred Method of Contact? P		EMAIL	neipiul reniinuer ii	security code is forgotten	
		ect to the best of	my knowledge. I un	derstand that you will retain this application	on
Applicant Signature				Date	

□AUTHORIZED SIGNER #2 □ F	BENEFICIAL OWN	ER GUARANTOR		
mportant information about procedures for opening a new account as req aundering activities, Federal law requires all financial institutions to obtain means for you: When you open an account, we will ask for your name, add your driver's license or other identifying documents. MEMBER FDIC	n, verify, and record information	that identifies each person who opens an account. What this		
Legal Name (First, Middle, Last)	Pre	eferred Name		
Birth Date SSN	Website Address			
mm/dd/yyyy Cell Phone Home Phone				
Email Address				
Physical Address (no PO Boxes)				
City State Zip	County			
Mailing Address (if different)				
City State Zip	County			
Previous Address if less than 5 years				
D Type: □ DL □ Passport □ State ID □	Other 5	State/Country of Issuance		
D Number	Issue Date	Exp. Date		
Current Employer				
Please complete and sign				
Security Code for Identification Max of 12 characters	Hint Phrase Helpful	reminder if security code is forgotten		
Preferred Method of Contact? ☐ PHONE ☐ MAIL ☐ E	EMAIL			
I hereby authorize New Market Bank to I certify that everything I have stated in this application is correwhether or not it is approved. I understand if the information responses	ect to the best of my knowled	dge. I understand that you will retain this application		
Applicant Signature		Date		