NEW MARKET BANK

NEW NON - CONSUMER APPLICATION

APPLICANT INFORMATION

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

Type of account you applying for: ☐ Checking   ☐ Money Market   ☐ Savings

How did you hear about us: ☐ Website   ☐ Direct Mailing   ☐ Prior Lake American   ☐ Lakeville Patch
☐ InFocus Newsletter   ☐ Other: _____
☐ We were referred to you by: _____

Business Name:	DBA Name: (if applicable)

TIN or EIN:	Email Address:

Current Address (No PO Boxes):

	Street	City	State	Zip

Mailing Address (if different):

	Street or PO Box	City	State	Zip

Business Phone:	Cell Phone:	Fax:

Email:

OTHER APPLICATION INFORMATION

Do you intend to use this account for illegal online gambling?	☐ Yes	☐ No
Do you anticipate regular cash deposits or withdrawals?	☐ Yes	☐ No
Do you anticipate making wire transfers?	☐ Yes	☐ No

Documents commonly needed to identify a Business:

Note: All business accounts with a Tax ID Number (TIN) will need to provide verification at account opening

- Sole Proprietorship: Certificate of Assumed Name (if applicable) from the State of Minnesota
- Partnership: Partnership Agreement and Certificate of Assumed Name (if applicable) from the State of Minnesota
- Limited Liability Company: Articles and Certificate of Organization from the State of Minnesota
- Corporation: Articles and Certificate of Incorporation from the State of Minnesota

List the nature of the services your business provides:

(i.e.: Convenience store, car dealership, landscaping company, etc)

Check the applicable business type:
☐ Sole Proprietorship   ☐ Partnership   ☐ Limited Liability Partnership (LLP)
☐ Corporation (Inc)   ☐ Non-Profit Corporation (Inc)   ☐ Limited Liability Corporation (LLC)
☐ Association   ☐ Organization   ☐ Other: _____

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.

Signature of Applicant:	Date: