

Community State Bank
New Account Application (Commercial)
(complete in the personal handwriting of applicant)

Date: _____

Commercial Account

Commercial Applicant:

Full Name: _____

Business Address: _____

City/State/Zip Code: _____

Mailing Address: _____

City/State/Zip Code: _____

Residence Address: _____

City/State/Zip Code: _____

How long at this address? ____ Years ____ Months

Home Phone (____) ____ - _____

Work Phone (____) ____ - _____

Tax Identification Number: _____

Social Security Number: _____

Website address: _____

Email address: _____

Date of Birth: _____

Place of Birth: _____

Mother's Maiden Name: _____

Previous Employer: _____

Name & address: closest relative not living w/ you:

Previous financial institution relationship:

Other accounts with this institution:

Applicant

Initials:

Referred by: _____

We (**Community State Bank**) reserve the right to make reference calls to employers and/or check verification companies. By signing below, you (the applicant) give authority to Community State Bank to request a credit bureau report, for rating and application purposes.

By signing below, I certify the above information to be true and factual. I understand that if any of the statements are false, the institution has the right to close this account, and that I will be responsible for all costs incurred.

Commercial Applicant Signature