



# New Business Account Worksheet

What types of services are you interested in?

- Basic Checking     Advantage Checking     Premier Checking     Analysis Checking     Interest Checking
- Money Market     Golden Oak MM     Savings Account     Overdraft Protection     Night Drop
- Online Banking     ATM/Visa Debit Card     E-Statements     Mobile Banking     Line of Credit
- Term Loans     Construction Loans     Merchant Bankcard     Courier Service     Remote Deposit
- Cash Management     Credit Cards     IOLTA     Opening Deposit \_\_\_\_\_

How did you hear about Charter Oak Bank? \_\_\_\_\_  Existing Customer / CIF #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Date Originated: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Tax ID # or SSN: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_ LLC: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Not for Profit-Lodge/Organization: \_\_\_\_\_

Not for Profit Corporation: \_\_\_\_\_ Previous /Existing Bank: \_\_\_\_\_

Signer #1 Name: \_\_\_\_\_  Existing Customer/CIF # \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signer #2 Name: \_\_\_\_\_  Existing Customer/CIF # \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FOR OFFICE USE**

INPUT BY \_\_\_\_\_ DATE \_\_\_\_\_ ACCOUNT #(S) \_\_\_\_\_ CHEX SYSTEMS \_\_\_\_\_

SOURCE OF FUNDS \_\_\_\_\_ OFFICER ASSIGNED \_\_\_\_\_



Signer #3 Name: \_\_\_\_\_  Existing Customer/CIF # \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signer #4 Name: \_\_\_\_\_  Existing Customer/CIF # \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signer #5 Name: \_\_\_\_\_  Existing Customer/CIF # \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_