



First State Bank of Colorado

Business Account Application

I am applying for a: Checking Account Savings Account Certificate of Deposit
Account Type: Corporation Partnership LLC Sole Proprietorship (DBA)

Name of Business: _____

Physical Address: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Cell: _____

Email: _____ Website: _____

Tax ID Number: _____ - _____

Nature of Business (Description): _____

Please sign me up for the following services:

- Visa™ Business Debit Card
- Automatic transfer between accounts
(to cover overdrafts or for other purposes)
- Wire transfer by phone
- Credit card processing services

Prohibition Against Unlawful Internet Gambling: Federal law, the Unlawful Internet Gambling Enforcement Act of 2006, and implementing regulation prohibit commercial customers from receiving deposits or other credits of any kind relating to their operation of an illegal Internet gambling business. We are required to enforce that prohibition.

Does your business engage in any form of gambling (including lottery, bingo, Internet-based gambling, etc.)? Yes No
If so, please describe: _____

Does your business engage in any marijuana/hemp related activities? Yes No
If so, please describe: _____

Does your business provide a product or service over the Internet? Yes No
If so, please describe: _____

Does your business offer check cashing services, maintain an owner operated ATM, or sell lottery tickets? Yes No
If so, please describe: _____

I hereby represent and warrant that the information set forth above is true, correct, complete and accurate in all respects. The Bank is authorized to make such investigation of the representations herein and into my credit file, as the bank deems desirable. This application is the property of the Bank for all purposes. I further acknowledge receipt of the rules and regulations governing the accounts and services for which I am applying. I understand that any overdrafts created by using any access device, including but not limited to my Visa Business Check Card, will result in me paying any overdraft, bank fees, attorney fees, court costs, and any other costs resulting in collection of owed funds. Additionally, I pledge to use my bankcard only for legal transactions. IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT – 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.

Signature of Primary Account Holder: _____ Date: _____

Signature of Joint Account Holder: _____ Date: _____

Bank Witness: _____

Over →

Business

Applicant Name: _____

Primary account holder Secondary account holder Signer

Physical Address: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ D/L#: _____ State: _____

Employer: _____ Since: _____

Occupation: _____
(If self-employed, please be specific)

States of residence for past five years: _____

Name/Address of Nearest Relative: _____

Beneficial Owner –Do you own 25% or more of this company or have significant control or management over this company? Yes No

If yes, then complete the Certification of Beneficial Owner(s) Form

Challenge Questions

Choose Three (3)

- What was your childhood nickname?
- What was the name of your first pet?
- What is your father's middle name?
- In what city were you born?
- What was your high school mascot?
- What is your mother's birth year?
- Who was your favorite teacher?
- What was your first job?
- What is the last name of your first teacher?
- What was the make of your first car?
- What school did you attend the 6th grade?
- What is the middle name of your oldest sibling?
- In what city did you meet your spouse/significant other?

Business

Applicant Name: _____

Primary account holder Secondary account holder Signer

Physical Address: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ D/L#: _____ State: _____

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