



Business Deposit Account Application

Section I : General Business Information			
Are you a new or existing customer? <input type="checkbox"/> New <input type="checkbox"/> Existing (if Existing, complete Sections II & V)			
Company Name:		Fed Tax ID #:	
Company Physical Address:			
City:	State:	Zip Code:	
Company Mailing Address (if different from above):			
City:	State:	Zip Code:	
Primary Contact/Title:		E-Mail Address:	
Business Phone:	Home Phone:	Cell Phone:	
Web Address:		Referred By:	
Attorney:	Firm:	Phone:	
Accountant:	Firm:	Phone:	
How is your business organized:	Corporation: <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> LLC	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	Other: <input type="checkbox"/> Sole <input type="checkbox"/> NP <input type="checkbox"/> Pro Assn
State of Organization:			
To open your accounts, we will need to establish your identity and that of your business. To assist us in that process, we require that you provide the following: Please check box if attached.			
<input type="checkbox"/> Certificate & Articles of Incorporation <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Copies of Driver's License for all signers			

Section II : Authorized Signer Information			
Signer # 1:		Signer Name:	Title:
Social Security #:		Date of Birth:	
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Business Phone:	Cell Phone:	
Fax:	E-Mail Address:		
Driver's License #:		State Issued:	
Date Issued:	Expiration Date:	<input type="checkbox"/> Loans <input type="checkbox"/> Deposits <input type="checkbox"/> Both	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien			
Are you currently or have you been a Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signer # 2:		Signer Name:	Title:
Social Security #:		Date of Birth:	
Home Address:			
City:	State:	Zip Code:	
Office Phone:	Home Phone:	Cell Phone:	
Fax:	E-Mail Address:		
Driver's License #:		State Issued:	
Date Issued:	Expiration Date:	<input type="checkbox"/> Loans <input type="checkbox"/> Deposits <input type="checkbox"/> Both	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien			
Are you currently or have you been a Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signer # 3:		Signer Name:	Title:
Social Security #:		Date of Birth:	
Home Address:			
City:	State:	Zip Code:	
Office Phone:	Home Phone:	Cell Phone:	

Fax:	E-Mail Address:
Driver's License # :	State Issued:
Date Issued:	Expiration Date:
<input type="checkbox"/> Loans <input type="checkbox"/> Deposits <input type="checkbox"/> Both	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien	
Are you currently or have you been a Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section III : About Your Business

Although we may already know the answers to some or all of these questions, it is important that you provide us with this information to help us comply with the U.S. Patriot Act and to make sure that we understand your business needs. This will also allow us to provide you with the products and services that you would expect from your Community Bank.

Monthly # of Checks Written:	Monthly # of Deposits Made:	Monthly # of Items Deposited:	Are these items mainly: <input type="checkbox"/> Local <input type="checkbox"/> Non – local
Monthly # of Incoming Wire Transfers:	Monthly # of Outgoing Wire Transfers:	Monthly Amount of Cash Deposited:	Anticipated Average Balance:
Is this a money service business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or operate an ATM? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you conduct International ACH transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you initiate International Wire Transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell Lottery tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell money orders or prepaid access devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you cash checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you request cash/coin orders? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additionally, please list each individual(s), if any, who owns direct or indirectly 25% or more of the equity interests of the legal entity. If your entity is owned by another entity, please list the ownership of that entity. We require that you provide the following for each owner: **copy of current (unexpired) driver's license, state ID card or passport.**

Owner Name:	% Owned:	Social Security # :	Copy of ID attached <input type="checkbox"/>
Owner Name:	% Owned:	Social Security # :	Copy of ID attached <input type="checkbox"/>
Owner Name:	% Owned:	Social Security # :	Copy of ID attached <input type="checkbox"/>
Owner Name:	% Owned:	Social Security # :	Copy of ID attached <input type="checkbox"/>
Control Name:	Title:	Social Security # :	Copy of ID attached <input type="checkbox"/>

Section IV: Business Description and History

1. When was this business established? (Month/Year)
2. Have company principals/ownership changed in the past year? Yes No
3. When did the current owners establish or buy the business? (Month/Year)
4. Which of the following best describes the business' primary activities? (check all that apply)
Local market (statewide) Domestic (outside MN/WI) International
5. Does your business operate out of multiple locations? Yes No
If yes, please list number of locations and each location's address.
6. Is this business a charitable organization or a non-governmental organization (NGO: any non-profit organization independent from government, i.e. churches, professional associations, community based self-help groups, research groups, lobby groups, etc.)? Yes No
7. Indicate Specific Nature of Business:
8. List the types of products/services offered:

Thank you for considering Platinum Bank for your Business Banking needs!

In signing below I certify that I am authorized to provide this information on behalf of the applicant business. I certify that I made no misrepresentations in this application or in any related documents, that all information is true and complete, and that I did not omit any important information. Platinum Bank is authorized to verify with other parties and to make any investigation of my credit, either directly or through any agency employed by Platinum Bank for that purpose. The lender may disclose to any other interested parties information as to Platinum Bank experiences or transactions with applicant accounts. I understand Platinum Bank will retain this application and any other information Platinum Bank receives, even if no loan, deposit account or other form of credit is granted.

This information may be provided to Platinum Bank for the purpose of requesting a loan. Platinum Bank may be relying on the creditworthiness of an individual other than the Applicant for the business loan. It is understood that any property securing the credit or loan will not be used for any illegal or restricted purpose. Because of my relationship to the Applicant or my role in the accommodation for the loan, my personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize Platinum Bank to obtain a consumer credit report on me for the purpose of evaluating the loan application.

Important Information about Procedures for Opening a New 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 and other identifying documents.

Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credits, funds, instruments, or other proceeds from another person in connection with unlawful Internet gambling.

By signing below, I certify that this business does not engage in Internet gambling. I will notify Platinum Bank in the event of any change in circumstance.

Section V: Signatures

All accounts are subject to verification and approval. Completing and signing this application does not guarantee that Platinum Bank will open an account for you until verification is complete.

Signer Name:	Title:
Signature:	Date:
Signer Name:	Title:
Signature:	Date:
Signer Name:	Title:
Signature:	Date:

If you are not in the presence of a Platinum Bank representative, the account application applicant signature (s) must be notarized.

STATE OF _____)
) SS
 COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

 Notary Public for the State of _____
 Residing at _____
 My commission expires _____