



Business Account Application

Thank you for choosing Business Bank of Texas, N.A. for your business needs. We are committed to helping determine the best banking options for your business. To assist us, we ask that you complete and submit the attached information. You will also need to submit entity documents. If one of the following applies to your business entity or one of the signers, please include:

- **Corporation** – a copy of the file stamped Articles of Incorporation/Certificate of Formation and Certificate of Incorporation
- **Partnership** – a copy of the partnership agreement
- **Limited Partnership** – a copy of the file stamped Certificate of Limited Partnership
- **LLC** – a copy of the file stamped Articles or Certificate of Organization and Regulation
- **Sole Proprietorship** – with DBA copy of the filed Assumed Name Certificate
- Copy of Drivers License for all signers

Please provide the completed new accounts worksheet and all other applicable information to Business Bank of Texas, N.A.: **mhebel@businessbankoftexas.com** or **saban@businessbankoftexas.com** or FAX: **512-835-6614**.



Business Account Application

General Business Account Information

Remote Deposit: Yes No ACH Account¹: Yes No

E-Statement Email Address _____
(Should not be a business general delivery email address.)

Business Structure Information

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Subchapter S-Corporation |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Professional Association | <input type="checkbox"/> C-Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Foreign Entity | <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Not-For-Profit |

Number of signers required to sign a check _____

Full Legal Name _____

Title _____

Physical Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Business Telephone _____ Business Fax _____

Email Address _____ Website Address _____

Federal Tax ID _____

Primary Checking Location _____ Annual Sales Revenue \$ _____

Brief Business Description _____

For Bank Use Only

Checking Account Type: Exclusive Business Elite Business Checking Business Solutions
 Account Analysis Business Checking Ultimate Business Money Market Business Savings
 Certificate of Deposit/Term _____

Remote Deposit Capture: Yes No Agreement iBoss Setup Remote Capture Machine Delivery

Check System: Yes No Notes/Waiver Initials _____

E-Statement Setup: Yes No

Other _____



¹ Securities products are NOT FDIC Insured, are NOT guaranteed by Business Bank of Texas, N.A., and may involve risk to principal amount invested



**BUSINESS BANK
OF TEXAS**.N.A.

Business Account Application

Signer One

Full Legal Name _____

Title _____

Home Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Social Security/TIN _____ Date of Birth (mm/dd/yyyy) _____

Drivers License _____ Expiration Date _____

Home Phone _____ Cell Phone _____

Email Address _____ Website Address _____

Signer Two

Full Legal Name _____

Title _____

Home Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Social Security/TIN _____ Date of Birth (mm/dd/yyyy) _____

Drivers License _____ Expiration Date _____

Home Phone _____ Cell Phone _____

Email Address _____ Website Address _____

Please use a separate page for additional signers.



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Business Account Application

Signer Three

Full Legal Name _____

Title _____

Home Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Social Security/TIN _____ Date of Birth (mm/dd/yyyy) _____

Drivers License _____ Expiration Date _____

Home Phone _____ Cell Phone _____

Email Address _____ Website Address _____

Signer Four

Full Legal Name _____

Title _____

Home Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Social Security/TIN _____ Date of Birth (mm/dd/yyyy) _____

Drivers License _____ Expiration Date _____

Home Phone _____ Cell Phone _____

Email Address _____ Website Address _____

Please use a separate page for additional signers.