



# NEW BUSINESS ACCOUNT INFORMATION SHEET

## 1. Please select the account(s) you would like to open with First FarmBank:

Small Business Checking     
  Business Forever Account     
  Business Analysis  
 CD (specify term): \_\_\_\_\_     
  Green Money Market     
  Green Savings

## 2. What type of business do you have? Circle one.

Please provide the business documentation that is listed for your business type.

Sole Proprietor	Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit	LLC	Partnership	Estate/Trust	Association
• Trade Name Affidavit	• Articles of Incorporation • Bylaws	• Articles of Organization • Operating Agreement	• Partnership Agreement • Trade Name Affidavit	• Estate Papers OR • Trust Papers	• Association Papers

## 3. Business Information:

Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Tax Exempt?  Yes  No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 4. Account Signer Information:

Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Debit Card Requested?  Yes  No

Please provide a copy of a government issued ID for each signer.

**Account Signer Information:**

Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Debit Card Requested? \_\_\_ Yes \_\_\_ No

**Account Signer Information:**

Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Debit Card Requested? \_\_\_ Yes \_\_\_ No

**Account Signer Information:**

Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Debit Card Requested? \_\_\_ Yes \_\_\_ No

**Please provide a copy of a government issued ID for each signer.**

