



Business Account Application

Thank you for choosing Quantum National Bank. Please select the account(s) you would like to open along with any of our other listed products and services you might be interested in. For your protection all new Quantum National Bank account applications and signers are verified by Equifax Financial Services & Chex Systems.

Please complete the following information to open your new account:

<input type="checkbox"/> Small Business Checking	<input type="checkbox"/> Business Debit Card	<input type="checkbox"/> Residential Construction Loans
<input type="checkbox"/> Commercial Business Checking	<input type="checkbox"/> Merchant Services	<input type="checkbox"/> SBA Loans
<input type="checkbox"/> Business Money Market Account	<input type="checkbox"/> Online Banking	<input type="checkbox"/> Interim project financing
<input type="checkbox"/> Business Certificate of Deposit	<input type="checkbox"/> Payroll Services	<input type="checkbox"/> Operating Lines of Credit
<input type="checkbox"/> Cash Management Services	<input type="checkbox"/> 1031 Exchange Services	<input type="checkbox"/> Equipment loans
<input type="checkbox"/> Community Checking	<input type="checkbox"/> Land Acquisition & Development	<input type="checkbox"/> Commercial Loans
<input type="checkbox"/> Remote Deposit Capture	<input type="checkbox"/> E-Statements	<input type="checkbox"/> Safe Deposit Box
<input type="checkbox"/> Good Neighbor Account		

Company Name _____

Street Address _____

PO Box (if applicable) _____

City _____ State _____ Zip _____

Business Phone # _____ Fax # _____

Tax ID # (EIN) _____ Email: _____

Description of business: _____

Is the business involved in any of the following? (Circle all that apply.)

A. Currency dealer or currency exchange B. Check Cashing
 C. Issuer of Traveler's checks, money orders, or stored value D. Money Transmitter
 E. Seller or Redeemer of Traveler's checks, money orders, or stored value

Corporation – C Corporation – S Partnership Sole Proprietorship Non-Profit LLC / LLP D/B/A

Please provide copies of the applicable documents

Business Signer #1

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City/State: _____ Email: _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Driver's License: _____ ST: _____ Expiration date: _____ Issue date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

Employer: _____ Job Function: _____

Other applicant information on the back

Business Signer #2

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City/State: _____ Email: _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Driver' s License: _____ State: _____ Expiration date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

Employer: _____ Job Function: _____

Business Signer #3

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City/State: _____ Email: _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Driver' s License: _____ State: _____ Expiration date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

Employer: _____ Job Function: _____

Business Signer #4

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City/State: _____ Email: _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Driver' s License: _____ State: _____ Expiration date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

Employer: _____ Job Function: _____

Getting to know your customer:

Detailed description of Business: _____

Source & amount of initial Deposit: _____

Account to be used for: (operating acct, payroll, investment, Etc.): _____

Customer's estimate of: Average balance: _____ Check writing: _____

Will international transactions be conducted: No

If Yes, how often: _____ Countries: _____

Is this account being used as an MSB (Money Service Business)? YES NO

Is this account engaged in Internet Gambling Activities? YES NO

Expected types of deposits (e.g. customer receipts, payroll funding, etc.) _____

Will there be many checks cashed (ex: payroll, petty cash, withdrawals)? YES NO

Expected transaction activity: Daily Weekly Monthly

Online cash management Access: YES NO Will there be many cash deposits? YES NO

Expected # of ACH's: _____ \$ _____

Expected # of Wire transfers: _____ \$ _____

Red Flag Identity Question:

1. Has the person(s) opening the account or the customer provide all required information on an application? YES No
2. Do documents provided for identification appear to have been altered? YES NO
3. Is the photograph or physical description on the identification consistent with the appearance of the applicant or customer presenting the identification? YES NO
4. Is personal information provided consistent with information that is on the credit report?
 - Yes No
 - a. Is the customer able to provide authenticating information beyond that which generally would be available from a wallet? YES NO
 - b. If a credit freeze has been placed on the credit report, is the customer or person opening the acct able to lift it?
5. Was a fraud or active duty alert included with a consumer report? YES NO
6. Was a notice of address discrepancy provided by a consumer reporting agency?
 - YES NO
7. Was a safe scan warning present on the credit report for Social Security inconsistencies?
 - Yes No
8. If customer's primary residence is not located in assessment area (geographic location) give an explanation of why they are opening the account with us?

9. Is the address and/or SSN provided a duplicate of an existing customer? YES NO

Account opening Checklist (Attach copies of all applicable documents)

Existing Customer: Yes Since _____

- Valid identification Document of Signer(s) 2nd ID documented on Application
- Credit Bureau Reports(s) Address discrepancy noted Safe scan warning noted
- Credit Score input Deluxe Detect CRA state code/MSA/County Code/Census tract # _____
- OFAC Scan Result(s) Attached. If Possible Match, Reported to: _____
Date Reported: _____
- Social Security # Verified
- Flagged **I** (internet) **P** (phone) **M** (mail) or **N** (face-to-face) circle applicable one. Security questions asked?
- Signature Card - Obtained All Appropriate Signatures Signatures Scanned Employer Identified
- Back-up Withholding is signed DOB
- Delivered All Appropriate Disclosures Updated starter kit log
- Account Opened on Date _____ Account Number _____
- Checks ordered, Date Ordered _____ style # _____ starting # _____
- Ordered Debit / ATM card (circle one) Date Ordered _____
- ATM Application Signed Ownership Code Opt/In or Opt/Out Signed OD Form (if Opt/In)
- Hold on initial deposit Yes _____ No _____ If NO list reason _____
- Set up for Internet Banking/Bill Pay
- Hold Harmless Agreement (if applicable)
- Risk Rating

FOR BUSINESS ACCOUNTS:

- All of the Above Industry Identified Resolution (authority is identified and form is signed)
- Business Documentation (documentation must show who has the authority to act on behalf of the company such as Articles of Incorporation, Operating Agreement, etc.)
- Secretary of State in Good Standing/Valid Business License
- OFAC of business pulled through Bridger or Deluxe Detect

Any ticklers set:

Notes:

CSR Signature _____ Date _____

Account Officer Signature _____ Date _____

Deposit Operations Review by: _____ Date _____

Relationships Set: _____ Yes _____ No
_____ Yes _____ No

Hold placed:

Exceptions Noted: _____

Tickler date set for: _____

BSA Reviewed by: _____ Date: _____ Existing Customer :

Yes Since

Since _____

Assigned: NAICS Code _____ Risk Code _____ Entered on Precision

CIP: Name Physical address Date of birth SS# / Tin# Flagged I / P / M / N ID questions asked

OFAC Identification Address discrepancy noted Safe scan warning noted Red Flag completed

Exceptions Noted:

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