



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: _____