



## TELL US ABOUT YOUR BUSINESS

Welcome to Resurgens Bank! We realize your time is very important, so please take a moment to complete the below information. This will allow us to serve you more quickly and efficiently.

When you return these forms to us, we will need to see a form of identification, such as a driver's license, and your business tax identification number to complete your account opening process.

Name of Business			DBA Name, if applicable	
Street Address			Business Tax ID Number	
City	State	Zip Code	Business Phone Number	
Mailing Address (if different from Street Address)				
City (if different from Street Address)	State	Zip Code		
Type of Business (please provide brief description)				

### Which of the following business identifications document will you provide us:

<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> LLC Operating Agreement
<input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> Not-for-Profit Documents
<input type="checkbox"/> Other: _____	

### BUSINESS ACCOUNT SIGNER #1

First Name	Middle Name	Last Name	Title	Social Security Number	
Street Address				Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen?
City		State	Zip Code	Driver's License Number	Issuing State

### BUSINESS ACCOUNT SIGNER #2

First Name	Middle Name	Last Name	Title	Social Security Number	
Street Address				Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen?
City		State	Zip Code	Driver's License Number	Issuing State

### BUSINESS ACCOUNT SIGNER #3

First Name	Middle Name	Last Name	Title	Social Security Number	
Street Address				Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen?
City		State	Zip Code	Driver's License Number	Issuing State