

### Business Information

New Business  Existing Business

**Customer Number:** \_\_\_\_\_ **Tax ID #** \_\_\_\_\_

**Business Name** \_\_\_\_\_

Check The Box For Appropriate Type Of Business:	<input type="checkbox"/> Sole Proprietor  <input type="checkbox"/> Organization / Association	<input type="checkbox"/> Partnership  <input type="checkbox"/> Government (County / State / Federal)	<input type="checkbox"/> Corporation Profit / Non-Profit  <input type="checkbox"/> Church	<input type="checkbox"/> Limited Liability Company  <input type="checkbox"/> Public Funds
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Type of Business Conducted: \_\_\_\_\_

Physical Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (\*if other than physical) \_\_\_\_\_

Business Phone \_\_\_\_\_ County & State of Bus \_\_\_\_\_ Business Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SIC Code \_\_\_\_\_

<p><b>Is your company a Registered Money Services Business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you provide any of the following services?</p> <table style="width:100%;"> <tr> <td>Check Cashing <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>Money Transfers <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Money Orders <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>Currency Exchange <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Does this entity engage in internet gambling? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>Do you sell Phone Cards <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> </tr> </table>	Check Cashing <input type="checkbox"/> YES <input type="checkbox"/> NO	Money Transfers <input type="checkbox"/> YES <input type="checkbox"/> NO	Money Orders <input type="checkbox"/> YES <input type="checkbox"/> NO	Currency Exchange <input type="checkbox"/> YES <input type="checkbox"/> NO	Does this entity engage in internet gambling? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you sell Phone Cards <input type="checkbox"/> YES <input type="checkbox"/> NO		<p style="text-align: center;">Please List Other Existing Banking Relationships (Account #s):</p> <p># _____ # _____</p> <p># _____ # _____</p>
Check Cashing <input type="checkbox"/> YES <input type="checkbox"/> NO	Money Transfers <input type="checkbox"/> YES <input type="checkbox"/> NO								
Money Orders <input type="checkbox"/> YES <input type="checkbox"/> NO	Currency Exchange <input type="checkbox"/> YES <input type="checkbox"/> NO								
Does this entity engage in internet gambling? <input type="checkbox"/> YES <input type="checkbox"/> NO									
Do you sell Phone Cards <input type="checkbox"/> YES <input type="checkbox"/> NO									

Please check the services you expect to use their frequency (daily weekly etc.) and their average dollar amounts where requested

<b>Deposits:</b> Frequency _____ Avg. Amount \$ _____ % In Cash _____	<b>Cash Withdrawals:</b> Frequency _____ Avg. Amount \$ _____	<b>Wire Transfers:</b> Frequency _____ Outgoing to _____ Incoming from _____	<b>Loans:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Safe Deposit:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Merchant Services:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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### Authorized Signers

**1** Customer Number: \_\_\_\_\_ Do You Have Legal Rights to Reside in the United States?  Yes  No

**Individual Full Name** \_\_\_\_\_ **Position** \_\_\_\_\_  
 Mr.  Mrs.  Miss  Dr. First Name \_\_\_\_\_ / Middle Initial / \_\_\_\_\_ Last \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent / Own (Circle One)

Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_

Identification Type:	<input type="checkbox"/> Texas Drivers License # _____ Expires: ____/____/____	<input type="checkbox"/> Texas ID # _____ Expires: ____/____/____	<input type="checkbox"/> Military ID # _____ Expires: ____/____/____	<input type="checkbox"/> Passport # _____ Expires: ____/____/____	<input type="checkbox"/> Other _____ # _____ Expires: ____/____/____
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\*Mailing Address (if other than residence) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorization to verify owner information through ChexSystems:  YES  NO Signature: \_\_\_\_\_

**2** Customer Number: \_\_\_\_\_ Do You Have Legal Rights to Reside in the United States?  Yes  No

**Individual Full Name** \_\_\_\_\_ **Position** \_\_\_\_\_  
 Mr.  Mrs.  Miss  Dr. First Name \_\_\_\_\_ / Middle Initial / \_\_\_\_\_ Last \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent / Own (Circle One)

Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_

Identification Type:	<input type="checkbox"/> Texas Drivers License # _____ Expires: ____/____/____	<input type="checkbox"/> Texas ID # _____ Expires: ____/____/____	<input type="checkbox"/> Military ID # _____ Expires: ____/____/____	<input type="checkbox"/> Passport # _____ Expires: ____/____/____	<input type="checkbox"/> Other _____ # _____ Expires: ____/____/____
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\*Mailing Address (if other than residence) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorization to verify owner information through ChexSystems:  YES  NO Signature: \_\_\_\_\_

Date ____ / ____ / ____ Branch <input type="checkbox"/> 1-Main <input type="checkbox"/> 2-N Mesquite <input type="checkbox"/> 3-Terrell	Account Type _____ Account # _____ Amt \$ _____	New Accounts Representative: Signature _____ Employee Number _____
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**Authorized Signers Continued...**

**3** Customer Number: \_\_\_\_\_ Do You Have Legal Rights to Reside in the United States?  
 Yes  No

Individual Full Name \_\_\_\_\_ Position \_\_\_\_\_  
 Mr.  Mrs.  Miss  Dr. First Name / Middle Initial / Last

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence \_\_\_\_\_ Rent / Own (Circle One)  
 Physical Address City State Zip

Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_

<input type="checkbox"/> Texas Drivers License # _____ Expires: _____	<input type="checkbox"/> Texas ID # _____ Expires: _____	<input type="checkbox"/> Military ID # _____ Expires: _____	<input type="checkbox"/> Passport # _____ Expires: _____	<input type="checkbox"/> Other _____ # _____ Expires: _____
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\*Mailing Address (if other than residence) \_\_\_\_\_  
 Address City State Zip

Authorization to verify owner information through ChexSystems:  YES  NO Signature: \_\_\_\_\_

**4** Customer Number: \_\_\_\_\_ Do You Have Legal Rights to Reside in the United States?  
 Yes  No

Individual Full Name \_\_\_\_\_ Position \_\_\_\_\_  
 Mr.  Mrs.  Miss  Dr. First Name / Middle Initial / Last

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence \_\_\_\_\_ Rent / Own (Circle One)  
 Physical Address City State Zip

Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_

<input type="checkbox"/> Texas Drivers License # _____ Expires: _____	<input type="checkbox"/> Texas ID # _____ Expires: _____	<input type="checkbox"/> Military ID # _____ Expires: _____	<input type="checkbox"/> Passport # _____ Expires: _____	<input type="checkbox"/> Other _____ # _____ Expires: _____
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\*Mailing Address (if other than residence) \_\_\_\_\_  
 Address City State Zip

Authorization to verify owner information through ChexSystems:  YES  NO Signature: \_\_\_\_\_

**5** Customer Number: \_\_\_\_\_ Do You Have Legal Rights to Reside in the United States?  
 Yes  No

Individual Full Name \_\_\_\_\_ Position \_\_\_\_\_  
 Mr.  Mrs.  Miss  Dr. First Name / Middle Initial / Last

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence \_\_\_\_\_ Rent / Own (Circle One)  
 Physical Address City State Zip

Mother's Maiden Name \_\_\_\_\_ Email Address \_\_\_\_\_

<input type="checkbox"/> Texas Drivers License # _____ Expires: _____	<input type="checkbox"/> Texas ID # _____ Expires: _____	<input type="checkbox"/> Military ID # _____ Expires: _____	<input type="checkbox"/> Passport # _____ Expires: _____	<input type="checkbox"/> Other _____ # _____ Expires: _____
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\*Mailing Address (if other than residence) \_\_\_\_\_  
 Address City State Zip

Authorization to verify owner information through ChexSystems:  YES  NO Signature: \_\_\_\_\_

Date ____/____/____ Time ____:____ Branch <input type="checkbox"/> 1-Main <input type="checkbox"/> 2-N Mesquite <input type="checkbox"/> 3-Terrell ChexSystems Code _____ Verified with OFAC: <input type="checkbox"/> Business <input type="checkbox"/> Signers <input type="checkbox"/> Permanent Residence Verified <input type="checkbox"/> Immigration Status Verified Customer's Officer _____	<input type="checkbox"/> New Account <input type="checkbox"/> Existing Account Account Type _____ Account # _____ Deposit Amt \$ _____ New Money: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other <b>Reason(s) For Choosing First State Bank</b> <input type="checkbox"/> Convenience <input type="checkbox"/> Mailer <input type="checkbox"/> Newspaper <input type="checkbox"/> Other Accounts at FSB <input type="checkbox"/> Products <input type="checkbox"/> Service <input type="checkbox"/> Rates <input type="checkbox"/> Service Charges <input type="checkbox"/> Special Event <input type="checkbox"/> Referral by _____	<b>Product / Service</b> <input type="checkbox"/> Check Order <input type="checkbox"/> Merchant Services (MC/Visa) <input type="checkbox"/> Internet Banking <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> Telephone Banking <input type="checkbox"/> Other New Accounts Representative: Signature _____ Employee Number _____
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