

Commercial Account Application



Bank Use:	Date: _____		Acct. #: _____		Deposit Amount: \$ _____	
	Account Type:	<input type="checkbox"/> Comm. Check	<input type="checkbox"/> Comm. MMA	<input type="checkbox"/> Comm. Savings	<input type="checkbox"/> Comm. Now	
		<input type="checkbox"/> Comm. CD	Rate: _____		Term: _____	
Ownership Type:	<input type="checkbox"/> Sole Prop	<input type="checkbox"/> Sole Prop/POD	<input type="checkbox"/> Church	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Corporation	
	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Partnership	<input type="checkbox"/> LP	<input type="checkbox"/> LLC	
	<input type="checkbox"/> MUD	<input type="checkbox"/> TxDOB	<input type="checkbox"/> TX Comptroller			

Business, Organization, or Estate Information:			
Name of Business:		Federal Tax ID Number:	
Physical Address		City:	State: Zip:
Mailing Address (if different):		City:	State: Zip:
Telephone Number:	Fax Number:	Website:	
Email Address:			
Type of Business:			
Beneficiary (if applicable)			
Beneficiary name:		Relation to owner:	

To help the government fight the funding of terrorism and mney laundering activities, federal law requires all financial institutions to obtain, verify, and record all information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying information that will allow us to identify you.

I hereby certify that the above information is correct and clearly understand that any false statement may result in the termination of this account relationship. I authorize Frontier Bank of Texas to obtain any credit information required concerning this application and I agree that this application shall remain their property, whether this account is granted or declined.

Signer 1 Signature:	Date:
Signer 2 Signature	Date:
Signer 3 Signature:	Date:

Money Services Business Questionnaire:

- A. Does your business issue money orders, traveler's checks, or stored value instruments (i.e. prepaid phone cards)?
- B. Does your business sell or redeem money orders, traveler's checks, or stored value instruments (i.e. prepaid phone cards)?
- C. Does your business cash checks for customers?
- D. Does your business engage in any other financial business activities (example: currency dealer or exchange)?
- E. Does your business act as a money transmitter?

Yes	No

If you answered "yes" to any of these questions, the **MSB Questionnaire must be completed.**

ATM(s)

Does your business have a Rented or Privately owned ATM(s) -- If Yes, the ATM Questionnaire **must be completed**

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that this information may be read and relied upon by the government.

Owner Signature:	Date:
Owner Signature:	Date:

Signer 1 Information:					
Name:			Social Security Number or ITIN:		
Date of Birth:		City of Birth:		Mother's Maiden Name:	
ID Number (driver license, matricula, etc...)		Issuing State:	Issue Date:		Expiration Date:
Physical Address:			City:		State: Zip:
Mailing Address:			City:		State: Zip:
Home Phone:		Cell Phone:		Work Phone:	
Employer:			Profession:		
Email Address:			Title:		
Signer 2 Information:					
Name:			Social Security Number or ITIN:		
Date of Birth:		City of Birth:		Mother's Maiden Name:	
ID Number (driver license, matricula, etc...)		Issuing State:	Issue Date:		Expiration Date:
Physical Address:			City:		State: Zip:
Mailing Address:			City:		State: Zip:
Home Phone:		Cell Phone:		Work Phone:	
Employer:			Profession:		
Email Address;			Title:		
Signer 3 Information:					
Name:			Social Security Number or ITIN:		
Date of Birth:		City of Birth:		Mother's Maiden Name:	
ID Number (driver license, matricula, etc...)		Issuing State:	Issue Date:		Expiration Date:
Physical Address:			City:		State: Zip:
Mailing Address:			City:		State: Zip:
Home Phone:		Cell Phone:		Work Phone:	
Employer:			Profession:		
Email Address;			Title:		

How did you hear about us?

- Director
- Organizer
- Shareholder
- Bank Employee
- Friend

- Newspaper Ad
- Billboard
- Internet
- School Ad
- Other

Debit Card: Yes No

Checks: Yes No