

I am interested in the following accounts:

- | | | |
|---|--|---|
| <input type="checkbox"/> Premier Commercial | <input type="checkbox"/> Business Savings | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Sole Proprietor/Non-Profit | <input type="checkbox"/> Business Money Market | <input type="checkbox"/> ATM Card |
| <input type="checkbox"/> Small Business Checking | <input type="checkbox"/> CD Term: _____ | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> Cash Management | <input type="checkbox"/> IOLTA | <input type="checkbox"/> BizPay |
| | <input type="checkbox"/> Merchant Services | <input type="checkbox"/> Safe Deposit Box |

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, beginning October 1, 2003, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

BUSINESS APPLICANT

Full Business Name:		Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (please identify):	
Government Issued ID Number:	Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (identify):		
Street Address (<i>Your PO Box may be used for the mailing address below; however, we require a physical street address also:</i>)		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Business Phone:	Business Fax:	Cell Phone:	Business email Address:

OFFICER WITH SIGNING AUTHORITY (1)

Full Name:		Date of Birth:	
Government Issued ID Number:	Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (identify):		
Home Street Address (<i>Your PO Box may be used for the mailing address below; however, we require a physical street address also:</i>)		Home Mailing Address:	
City/State/Zip:		City/State/Zip:	
Previous Address:		City/State/Zip:	
Driver's License Number:	State Where Issued:	Expiration Date:	
Home Phone:	Work Phone:	Fax:	Cell Phone:
Personal Email Address:		Mother's Maiden Name:	
Length of Employment:	Title:	Work Email Address:	

OFFICER WITH SIGNING AUTHORITY (2)			
Full Name:			Date of Birth:
Government Issued ID Number:		Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (identify):	
Home Street Address <i>(Your PO Box may be used for the mailing address below; however, we require a physical street address also):</i>		Home Mailing Address:	
City/State/Zip:		City/State/Zip:	
Previous Address:		City/State/Zip:	
Driver's License Number:		State Where Issued:	Expiration Date:
Home Phone:	Work Phone:	Fax:	Cell Phone:
Personal Email Address:		Mother's Maiden Name:	
Length of Employment:	Title:	Work Email Address:	

OFFICER WITH SIGNING AUTHORITY (3)			
Full Name:			Date of Birth:
Government Issued ID Number:		Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (identify):	
Home Street Address <i>(Your PO Box may be used for the mailing address below; however, we require a physical street address also):</i>		Home Mailing Address:	
City/State/Zip:		City/State/Zip:	
Previous Address:		City/State/Zip:	
Driver's License Number:		State Where Issued:	Expiration Date:
Home Phone:	Work Phone:	Fax:	Cell Phone:
Personal Email Address:		Mother's Maiden Name:	
Length of Employment:	Title:	Work Email Address:	

OFFICER WITH SIGNING AUTHORITY (4)			
Full Name:			Date of Birth:
Government Issued ID Number:		Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other (identify):	
Home Street Address <i>(Your PO Box may be used for the mailing address below; however, we require a physical street address also):</i>		Home Mailing Address:	
City/State/Zip:		City/State/Zip:	
Previous Address:		City/State/Zip:	
Driver's License Number:		State Where Issued:	Expiration Date:
Home Phone:	Work Phone:	Fax:	Cell Phone:
Personal Email Address:		Mother's Maiden Name:	
Length of Employment:	Title:	Work Email Address:	

BUSINESS ACTIVITY <i>(to be completed by bank employee)</i>	
<p>Which of the following best describes your business: - Please Select -</p>	<p>Do you frequently engage in domestic wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you frequently engage in foreign wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list countries;</p>
<p>Check Cashing</p> <p>Do you cash checks for any amount? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you registered with the state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you limit cash given to one person to \$1,000 or less per day? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Wire Transfers</p> <p>Do you offer wire transfer services of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you operate only as an agent for a wire transfer service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you offer wire services under your own name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you send wires in your name rather than the purchaser's name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Currency Exchanger</p> <p>Do you engage in exchanging any currency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Monetary Instruments</p> <p>Do you sell monetary instruments for another Money Service Business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you issue traveler's checks or money orders? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you redeem traveler's checks or money orders? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

The applicant(s) acknowledges that all information will be verified and consumer credit agencies will be utilized to evaluate this application. Each applicant opening an account agrees to be governed by all policies and regulations of Premier Commercial Bank.

REFERRAL INFORMATION	
<p>Referred By:</p>	<p>How did you hear about Premier Commercial Bank?</p> <p><input type="checkbox"/> Newspaper <input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Other (please specify):</p>

Additional promotional information should be listed in the Comments box below.

<p>Comments:</p>

<p>Signature:</p>	<p>Date:</p>
<p>Signature:</p>	<p>Date:</p>