



# Commercial Account Application

Account #: \_\_\_\_\_ Portfolio #: \_\_\_\_\_ Date: \_\_\_\_\_

To help the government fight the funding of terrorism and money laundering activities, Federal law requires ALL financial institutions to obtain, verify and record information that identifies each person/business that opens an account. This means we need your name, physical mailing address, date of birth and other information that will allow us to identify you. Please fill out the application completely and present to our new accounts representative with your business documents, Articles of Incorporation, Partnership Agreement, LLC Formation, and Assumed Name Certificate. Non-profit organizations must present the non-profit status document to be considered as such. **Please present your tax identification number, valid driver's license and social security number for each signer on the account. Schertz Bank & Trust reserves the right to request additional identification.**

BUSINESS NAME: \_\_\_\_\_ TAX ID#: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS PH#: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ #OF SIGNATURES REQUIRED (PLEASE SPECIFY): \_\_\_\_\_

BUSINESS WEBSITE: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

**PLEASE LIST ALL SIGNERS ON THIS ACCOUNT** -- If address for signers is different than what is on ID provide attach proof of address  
**\*Beneficial Owners** -- if there are any individuals who own 25% or more of the equity interest for this entity **NOT** listed as a signer for this account, please provide their information on the Certification of Beneficial Ownership Form.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PH: \_\_\_\_\_ WK PH: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If Military ID was viewed and verified for CIP purposes, please check this box and initial  \_\_\_\_\_ do not copy.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PH: \_\_\_\_\_ WK PH: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If Military ID was viewed and verified for CIP purposes, please check this box and initial  \_\_\_\_\_ do not copy.

I hereby represent and warrant the above information to be true and correct, and authorize Schertz Bank & Trust and any Credit Bureau Investigation Agency to investigate the above references given to Schertz Bank & Trust. I am aware the Schertz Bank & Trust Kirby, IH35, Seguin, San Marcos, and New Braunfels Branches are in fact part of Schertz Bank & Trust, and that the deposits held at each facility are not separately insured.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

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### BANK USE ONLY:

Does this business have existing accounts with Schertz Bank & Trust?  Yes  No

If this business has existing accounts, has the Beneficial Ownership changed?  Yes  No



# Commercial Account Application

**PLEASE LIST ADDITIONAL SIGNERS ON THIS ACCOUNT**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PH: \_\_\_\_\_ WK PH: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PH: \_\_\_\_\_ WK PH: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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CITY/STATE/ZIP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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CITY/STATE/ZIP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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