



MainStreet Bank Account Request- Business

By completing the following, you are requesting that an account be opened on your behalf.

Company Name: _____

d/b/a if applicable: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

EIN Number : _____

For verification purposes, please provide a business license, a letter from the IRS assigning EIN and a tax return from the previous year. If applicable, provide a filed assumed name affidavit. If your business is Incorporated provide a Resolution and Articles of Incorporation prior to account opening.

Organizational Structure: (Check One)

- Sole Proprietorship
- Corporation For Profit
- Corporation Not For Profit
- Limited Liability Company
- Limited Liability Partnership
- Lodge, Association or Other

County and State Organized: _____

Nature of Business: _____

Name of Secretary
(If Applicable) _____

- Type of Accounts Requested: (Please choose all that apply)
- Business Checking
 - Business Premium Checking
 - Certificate of Deposit
 - Commercial Checking
 - Super Saver Money Market

Check the box at the right if you would like the following:

- Cash Management :
- Internet Bill Payment:
- ATM Card:
- Visa Debit Card:
- Lines of Credit¹:
- Platinum Credit Card:

¹Line of Credit can be linked to your business checking account for protection from NSF and Overdraft charges.

Authorized Signature: _____ Date: _____

Print Name and Title: _____

Signers for this account, please use the back of this form.

Name and Title: _____ Contact Phone Number: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Mother's Maiden Name: _____

Date of Birth: _____ Employer: _____

Type of ID: _____ ID Number: _____

I understand that this is an application for an account at MainStreet Bank and is subject to approval. Such approval process may include a review of my credit history, Telecheck, employment, home phone number, home address and banking relationships.

Signature: _____ Date: _____

Name and Title: _____ Contact Phone Number: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Mother's Maiden Name: _____

Date of Birth: _____ Employer: _____

Type of ID: _____ ID Number: _____

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Signature: _____ Date: _____

Name and Title: _____ Contact Phone Number: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Mother's Maiden Name: _____

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Signature: _____ Date: _____