



New Business Account Information Sheet

Business Name	Tax ID:
Street Address:	
City, State, Zip Code:	
Main Phone Number:	
Alternate or Fax Number:	
Business Type (circle one):	Corporation, LLC or LLP, Partnership
	Association, Sole Proprietorship

Signer 1 - Customer Name:	SSN:
Street Address:	
City, State, Zip Code:	
Home Phone Number:	
Work Phone Number:	
Date of Birth:	
Driver's License Number & State:	
Issue Date:	Expiration:
Employer Name & Title/Position:	
Email Address:	

Signer 2 - Customer Name:	SSN:
Street Address:	
City, State, Zip Code:	
Home Phone Number:	
Work Phone Number:	
Date of Birth:	
Driver's License Number & State:	
Issue Date:	Expiration:
Employer Name & Title/Position:	
Email Address:	

Required Business Documentation:

Corporation: Articles of Incorporation, State Corp. Comm. Certificate, Verification of assigned Tax ID

LLC / LLP: Articles of Organization or Operating Agreement, Verification of assigned Tax ID (if applicable)

General Partnership: Partnership Agreement, Verification of assigned Tax ID (if applicable)

Association / Non Profit: Articles of Incorporation or Association, Verification of assigned Tax ID

Sole Proprietorship: Copy of fictitious name registration, Verification of assigned Tax ID (if applicable)

(A **Fictitious Name** is required by law to be filed in the appropriate jurisdiction when you are operating a business under an Assumed Name)