



Member FDIC

600 NW 5th • Moore, OK 73160
(405) 794-5511

NEW ACCOUNT APPLICATION NON PERSONAL

DATE: _____

CUSTOMER:

- New
- Verified OFAC
- Present

CHECKING _____

CD _____

SAFE DEPOSIT BOX _____

SAVINGS _____

TERM _____

BOX NUMBER _____

RATE _____

SIZE _____

PMT METHOD _____

FOR NON PERSONAL ACCOUNTS

ACCOUNT TITLE _____

STREET ADDRESS _____

CITY STATE ZIP

MAILING ADDRESS _____

CITY STATE ZIP

TAX IDENTIFICATION # _____ BUSINESS PH _____

INDIVIDUAL SIGNER:	<input type="checkbox"/> JOINT OWNER	<input type="checkbox"/> AUTHORIZED SIGNER
NAME _____		
ADDRESS _____		PHONE _____
<small>CITY STATE ZIP</small>		
DATE OF BIRTH _____		
SOCIAL SECURITY # _____		IDENTIFICATION _____
<small>TYPE STATE NUMBER</small>		
EMPLOYER _____		POSITION _____
ADDRESS _____		PHONE _____
<small>CITY STATE ZIP</small>		
WHAT COUNTRY IS THE ABOVE PERSON A CITIZEN? <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Please state country): _____		

INDIVIDUAL SIGNER:	<input type="checkbox"/> JOINT OWNER	<input type="checkbox"/> AUTHORIZED SIGNER
NAME _____		
ADDRESS _____		PHONE _____
<small>CITY STATE ZIP</small>		
DATE OF BIRTH _____		
SOCIAL SECURITY # _____		IDENTIFICATION _____
<small>TYPE STATE NUMBER</small>		
EMPLOYER _____		POSITION _____
ADDRESS _____		PHONE _____
<small>CITY STATE ZIP</small>		
WHAT COUNTRY IS THE ABOVE PERSON A CITIZEN? <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Please state country): _____		

ARE ANY OF THE ABOVE PERSONS CONSIDERED A POLITICALLY EXPOSED PERSON*? YES NO

IF YES, PLEASE INDICATE WHO: _____

*A "POLITICALLY EXPOSED PERSON" IS DEFINED AS BEING IDENTIFIED AS A SENIOR FOREIGN POLITICAL FIGURE OR ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY OR A CLOSE BUSINESS ASSOCIATE.

PLEASE NOTE: A CREDIT INQUIRY WILL BE MADE BEFORE YOUR ACCOUNT WILL BE OPENED. BY COMPLETION OF THIS APPLICATION YOU GRANT EXCHANGE NATIONAL BANK THE RIGHT TO INQUIRE INTO YOUR CREDIT HISTORY AND CREDIT RECORDS.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

BUSINESS ACCOUNT SUMMARY

SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION/LLC _____
RETAIL _____ WHOLESALE _____

Will the account be used for Internet gambling transactions? YES NO If yes, seek supervisor approval before opening.

DESCRIPTION OF PRINCIPAL LINE OF BUSINESS (Purpose of Account)

MONEY SERVICES BUSINESS

	YES	NO	DAILY LIMITS PER CUSTOMER
ARE THEY CLASSIFIED AS A CONVENIENCE STORE?	<input type="checkbox"/>	<input type="checkbox"/>	_____ N/A _____
DO THEY SELL:			
FUEL	<input type="checkbox"/>	<input type="checkbox"/>	_____ N/A _____
MONEY ORDERS	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
WIRE TRANSFERS	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
PREPAID PHONE CARDS	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
CHECK CASHING SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

OTHER INFORMATION

FOR INTERNAL USE ONLY

PRODUCT NAME _____ TIME _____ OPENED BY _____ INITIAL DEPOSIT \$ _____ CASH \$ _____
 PRESENT NEW MONEY

NOTE: Attach OFAC Module Print Out for each new customer.

ACCOUNT VERIFICATION: _____

CHECK ORDER: YES NO CHECK DESIGN: _____ REFERRAL _____

NOTES: _____

OTHER ACCOUNTS OFFERED:

DDA SAVINGS CD CK CARD ATM CARD SD BOX ODP LOAN MISC _____

PORTFOLIO # _____ INPUT _____ DATE _____
VERIFIED _____ DATE _____