



## Internal Use Only

Risk Code	Verify OFAC	Y	N	Date Opened	Opened By
<b>Type of Account</b> Checking Savings CD IRA			<b>Other Services</b> Safe Deposit Box Business Debit Card Loan Services Merchant Card Services Night Drop Bags Internet Banking		
<b>Type of Business</b> Sole Proprietor Partnership LLC Corporation Organization Other			Amount	Checking Cycle	
Checking Acct #			Savings Acct #		
CD	Term		Interest Rate	APY%	
Safe Deposit box		Size		Rent	

*Prior to opening any account, a Bank of Commerce representative will verify the identity of all signers by taking copies of two forms of identification. See attached for required documentation.*

Valid Photo Identification

Social Security Number Verification

## Business Information

Business Name	Trade Name	TIN/EIN
Physical Address	Mailing Address	
City	State	Zip Code
Business Phone	Other Phone	
Nature of Business		
Owners / Percentage		

## Money Service Business

As a part of your normal course of business, do you engage in any of the following financial activities? Cashing checks for other persons including customers and employees, issuing money orders to other persons in exchange for currency, accepting currency from other persons in exchange for funds transfer services such as wire transfers, request currency, or change orders exceeding \$7,000 in any one business day?    Yes    No <i>If yes, complete MSB Profile Form</i>
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## Internet Gambling Business

Will you engage in internet gambling or offer games or contests?    Yes    No <i>If yes, complete the Documentation Checklist of Unlawful Internet Gambling Enforcement Act of 2006.</i>
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## Wire Transfers

Will you be making wire transfers in the amount of \$15,000 or more?    Yes    No <i>If yes, complete the Wire Transfer Agreement.</i>
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## Business Owners / Account Signers

Name	Title
Date of Birth	Social Security Number
Address	Beneficial Owner Y N
Phone Number	DL/ID # Verify OFAC Y N

Name	Title
Date of Birth	Social Security Number
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Name	Title
Date of Birth	Social Security Number
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Phone Number	DL/ID # Verify OFAC Y N

Name	Title
Date of Birth	Social Security Number
Address	Beneficial Owner Y N
Phone Number	DL/ID # Verify OFAC Y N

## Officers

Name	Driver's License / Photo ID
Name	Driver's License / Photo ID
Name	Driver's License / Photo ID
Name	Driver's License / Photo ID