

The First State Bank of Rosemount, Minnesota 55068 Business Account Application

Name of Business: _____

This application to apply for the following services (check one or more):

Checking Savings Other _____

To open a business account, The First State Bank of Rosemount will need the following information about all of the owners and each person who will be authorized to use the account. Each owner and any signer must complete the second page of this form. If there are more than two owners/signers, please attach additional pages containing all the requested information.

The information need will depend on your business entity type. Regardless of which type of entity, we will need:

1. The legal document that shows when the entity was formed (e.g. articles of incorporation for a corporation). Sole Proprietorships do not need such a document.
2. A valid government issued photo ID and SSN for all individuals that will be authorized to transact business on behalf of the entity.
3. An employer identification number ("EIN") or tax ID number that is registered to your business. To obtain an EIN, call 1-800-829-4933 or go to www.irs.gov. Sole Proprietorships may use the owner's SSN.

**Non-Profit entities can earn interest on accounts if the business has received a letter of determination from the IRS or other documentation evidencing its tax status.*

Based upon your chosen business entity type, the following will be required:

Sole Proprietorship: Assumed name certificate, unless the owner's full legal name is stated in the business name.

Limited Liability Company (LLC): Articles of organization listing the names of members and managers.

Corporation: Articles of incorporation.

Partnership: A partnership agreement with the name of the partnership and a list of partners (in the case of a general partnership on the general partners need to be listed).

A form of resolution authorizing opening of the account and designating authorized signers is also required. Please ask for a copy of our form.

Please estimate the number of monthly transactions and account balances: _____
_____.

SECTION A: Information About First Owner/Key Person

Full Name	Social Security Number	Date of Birth	Driver's License or other I.D. No.
Street Address	Apartment Number	Home Phone Number	
City	State	Zip	Years at this Address
Reference: Name of Business Reference or Relative Not Living With Me		Address	Phone
Reference: Name of Business Reference or Relative Not Living With Me		Address	Phone
City	State	Zip	Years at this Address

Minnesota law encourages collection of certain information in association with opening a deposit account I understand that if I make any false statements, I may be guilty of perjury.

1. List all checking accounts in Minnesota during the 12 months immediately preceding this application at:

(Name of Minnesota Financial Institution and Address)

2. During the 12 months immediately preceding this application I have had a checking account closed without my consent No Yes (if yes, name of financial institution and reason(s)):

3. During the 24 months immediately preceding this application I was not convicted of any criminal offense as a result of using a check or similar instrument. Yes No

SECTION B: Information About Second Owner/Key Person: Complete this information only if this person may use the account

Full name	Social Security Number	Date of Birth	Driver's License or other I.D. No.
Street Address	Apartment Number	Home Phone Number	Relationship to Me
City	State	Zip	Years at this Address

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1. List all checking accounts in Minnesota during the 12 months immediately preceding this application at:

(Name of Minnesota Financial Institution and Address)

2. During the 12 months immediately preceding this application I have had a checking account closed without my consent No Yes (if yes, name of financial institution and reason(s))

3. During the 24 months immediately preceding this application I was not convicted of any criminal offense as a result of using a check or similar instrument. Yes No

By signing this form, I authorize The First State Bank of Rosemount ("FSB") to obtain verifications and reports from agencies on my accounts and financial affairs from time to time, such as credit bureau reports on me as an individual in connection with this business account application and any other application by the applicant identified on page 1. Everything I/we have stated in this application is correct. I/we understand that I/we may be guilty of perjury if I/we made any misstatements. I/we also understand that FSB will retain this application whether or not it is approved. FSB is further authorized to answer questions about its experience with me/us.

X _____ X _____
First Owner/Key Person's Signature Date Second Owner/Key Person's Signature Date