



Please complete the form in detail. Please sign in the spaces provided and return to:

State Bank

P. O. Box B

La Grange, Texas 78945

Or Fax you signed, completed application to: (979) 968-9311

Don't forget to retrieve your Commercial Account Agreement and Disclosure documents from our website. You can find them by clicking on Privacy Statement & Disclosures at the bottom of our web page. Then click on Disclosures.

If you need assistance with this form or have any questions, please call our Customer Service Department at 800-879-0489.

Thank you for applying with State Bank.





Business Account INFORMATION SHEET

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identified each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

BUSINESS INFORMATION

Name of Business (Styling of Account)			Account Number	
Employer Identification Number			Type of Account	
Type of Entity:	<input type="radio"/> Joint Venture	<input type="radio"/> Limited Liability Company		
<input type="radio"/> Sole Proprietor	<input type="radio"/> General Partnership	<input type="radio"/> Other		
<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership			
Physical Address of Business	City	State	Zip	Phone Number
Mailing Address (if different from above)	City	State	Zip	Email Address
Description of Principal Line of Business				
Current/Previous Bank Reference			Account Number at Current/Previous Bank	

SIGNER INFORMATION

Name			Position/Title with Named Business	
			<input type="radio"/> New Customer <input type="radio"/> Existing Customer	
Social Security Number	Date of Birth	Home Phone Number		
Physical (Residential) Address	City	State	Zip	Cellular Phone Number
Driver's License Number	State Issued By	Expiration Date	FOR BANK USE ONLY	OFAC Screening <input type="radio"/> Yes <input type="radio"/> No

SIGNER INFORMATION

Name			Position/Title with Named Business	
			<input type="radio"/> New Customer <input type="radio"/> Existing Customer	
Social Security Number	Date of Birth	Home Phone Number		
Physical (Residential) Address	City	State	Zip	Cellular Phone Number
Driver's License Number	State Issued By	Expiration Date	FOR BANK USE ONLY	OFAC Screening <input type="radio"/> Yes <input type="radio"/> No

SIGNER INFORMATION

Name			Position/Title with Named Business	
			<input type="radio"/> New Customer <input type="radio"/> Existing Customer	
Social Security Number	Date of Birth	Home Phone Number		
Physical (Residential) Address	City	State	Zip	Cellular Phone Number
Driver's License Number	State Issued By	Expiration Date	FOR BANK USE ONLY	OFAC Screening <input type="radio"/> Yes <input type="radio"/> No
Comments/Special Instructions				

Applicant Statement: I have answered this application fully and truthfully. I authorize you to investigate me and my co-applicant's credit record and to check statements I've made. This application is your property and I understand you will keep it whether or not I receive the credit I've asked for. All loans subject to credit approval. May require property insurance.

Signature of Authorized Representative _____ Date _____

FOR BANK PURPOSES ONLY			<input type="radio"/> New Customer <input type="radio"/> Existing Customer	
TeleCheck/Chexsystems Approval Code (Sole-Prop.)			OFAC Screening on Entity <input type="radio"/> Yes <input type="radio"/> No	
Banking Verification <input type="radio"/> Yes <input type="radio"/> No	Business Verification - S.O.S. <input type="radio"/> Yes <input type="radio"/> No	Verification of Funds <input type="radio"/> Yes <input type="radio"/> No		