



**NEW ACCOUNT APPLICATION – COMMERCIAL**

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires Regent Bank to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF COMPANY      Corporation      Limited Liability Co.      Partnership      Sole Prop/DBA  
 Government Agency      Other: \_\_\_\_\_

<u>NAME OF COMPANY</u>			
<u>NATURE OF BUSINESS</u>		<u>TAX ID NUMBER</u>	
<u>PHYSICAL ADDRESS</u>		<u>CITY, STATE, ZIP</u>	<u>COUNTY</u>
<u>LIST ALL BUSINESS LOCATIONS, ADDRESSES-STATES:</u>			
<u>MAILING ADDRESS (If Different)</u>		<u>CITY, STATE, ZIP</u>	<u>COUNTY</u>
<u>BUSINESS PHONE:</u>		<u>CELL PHONE:</u>	
Purpose of Account:			
Accounting	Gas Station	Liquor/Tobacco Store	Realtor/Broker
ATM/Check Cashing Service	Importer/Exporter	Medical Doctor/Clinic	Restaurant
Auctioneer	Investments/Broker	Money Transmitter	Transportation
Car/Boat/Plane Dealer	Jewels/Metals Dealer	Parking Garage	Travel Agency
Convenience Store	Laundromat/Vending	Pawn Shop	
Deposit Broker	Leather Goods	Real Estate	
Retail Store (explain): _____			
Self-employed (nature of business): _____			
Other Occupation: _____			

Is the entity a Non-Government Organization (NGO) or Non-Profit Charity?      YES      NO  
 If yes, Source of Donations: \_\_\_\_\_ Anticipated Monthly Donation Amount: \_\_\_\_\_  
 Are you a Third-Party Processor? (Process payments for another person or entity)      YES      NO

\_\_\_\_\_  
 CLIENT SIGNATURE      DATE

For Bank Use Only: CIF Number: \_\_\_\_\_