



# KCNB NEW ACCOUNTS

## BUSINESS/COMMERCIAL APPLICATION pg 1 of 2

Member  
**FDIC**



**BE ADVISED:**

Federal regulation requires that Karnes County National Bank has on file verification of customer's identification. Please provide current driver's license or other photo identification and social security card for each signer. Supporting documentation will also be required for the specified BUSINESS OWNERSHIP TYPE.

BUSINESS INFORMATION				
Business Name				
Tax ID		Business Phone Number		Nature of Business
Business Email Address			How many years has this business been in operation?	
Mailing Address*	City	State	Zip	How Long?
<small>*PO Box holders must also provide the physical address of the business.</small>				
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?

**BUSINESS OWNERSHIP TYPE** Supporting documentation regarding ownership type will be required.

Sole Proprietorship     
  Limited Liability Company     
  Limited Partnership  
 General Partnership     
  Corporation     
  Association or Organization  
 Other: \_\_\_\_\_

If more than one person needs to be listed on the account, the AUTHORIZED SIGNERS section must also be filled out.

**SELECT AN ACCOUNT TYPE BELOW:** Interest-bearing Checking Accounts may also be available. Please ask for details.

TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN	TERM
<input type="checkbox"/> Commercial Checking Account	\$200.00	Does not apply
<input type="checkbox"/> Money Market Deposit Account	\$1,500.00	Does not apply
<input type="checkbox"/> Commercial Savings Account	\$100.00	Does not apply
<input type="checkbox"/> Certificate of Deposit - Regular	\$1,000.00	<input type="checkbox"/> 30-89 Days <input type="checkbox"/> 90-179 Days <input type="checkbox"/> 180-364 Days <input type="checkbox"/> 1+ Year
<input type="checkbox"/> Certificate of Deposit - Jumbo	\$100,000.00	<input type="checkbox"/> 30-89 Days <input type="checkbox"/> 90-179 Days <input type="checkbox"/> 180-364 Days <input type="checkbox"/> 1+ Year
<input type="checkbox"/> Other:		

Please specify the amount of your opening deposit:	Existing KCN Bank customers can use proceeds from an existing KCN Bank eligible account as an opening deposit. You may list that account number here:
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**SELECT THE OPTIONS YOU WOULD LIKE APPLIED. HOWEVER, SOME OPTIONS MAY NOT APPLY TO CERTAIN ACCOUNTS. SPEAK WITH A REPRESENTATIVE FOR DETAILS.**

<input type="checkbox"/> Order Checks <input type="checkbox"/> Order Deposit Slips <input type="checkbox"/> Order Debit Card(s) <small>(May only carry 1 card per owner on the account)</small>	<input type="checkbox"/> Receiving/Sending Wires <input type="checkbox"/> International Wires	<input type="checkbox"/> Enroll in Business Online
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**UNLAWFUL INTERNET GAMBLING NOTICE**

In accordance with the requirements of the Unlawful Internet Gambling Act of 2006 and Federal Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship. Restricted transactions include but are not limited to, those in which credits, electronic funds transfers, checks or drafts are knowingly accepted by gambling business in connection with the participation by others in unlawful internet gambling. By signing below, you acknowledge that this business is not, and will not, engage in unlawful internet gambling transactions. The Karnes County National Bank reserves the right to close your account upon discovery of restricted transactions being processed through your account.

I certify the above information is correct to the best of my knowledge. I understand that KCN Bank will retain this application whether or not it is approved.

\_\_\_\_\_  
**Business Representative's Signature**

\_\_\_\_\_  
**Date**

Karnes County National Bank, 301 E Calvert, Karnes City, Texas 78118  
You may submit this application to any KCN Bank location. If you have any questions, please call (830) 780-3317.

Internal Use Only	DATE RCD:
<input type="checkbox"/> TX DL/State ID <input type="checkbox"/> SS Card/W9 <input type="checkbox"/> OFAC <input type="checkbox"/> TELECHECK	REPRESENTATIVE:

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## AUTHORIZED SIGNERS

AUTHORIZED SIGNER INFORMATION				
Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number
Driver's License/State ID Number		Issuing State	Expiration Date	
Mailing Address	City	State	Zip	How Long?
<i>*PO Box holders must also provide their physical address.</i>				
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?
Primary Contact Number		Secondary Contact Number		
Email Address				
Current Employer		Job Title	Length of Employment	Employer Phone Number
AUTHORIZED SIGNER INFORMATION				
Name of Applicant (Full Legal Name)		Age	Date of Birth (MM/DD/YYYY)	Social Security Number
Driver's License/State ID Number		Issuing State	Expiration Date	
Mailing Address	City	State	Zip	How Long?
<i>*PO Box holders must also provide their physical address.</i>				
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip	How Long?
Previous Address (if current is less than 2 years)	City	State	Zip	How Long?
Primary Contact Number		Secondary Contact Number		
Email Address				
Current Employer		Job Title	Length of Employment	Employer Phone Number

<i>Internal Use Only</i>	ADDITIONAL APPLICANT 1				ADDITIONAL APPLICANT 2			
	<input type="checkbox"/> TX DL/State ID	<input type="checkbox"/> SS Card/W9	<input type="checkbox"/> OFAC	<input type="checkbox"/> TeleCheck	<input type="checkbox"/> TX DL/State ID	<input type="checkbox"/> SS Card/W9	<input type="checkbox"/> OFAC	<input type="checkbox"/> TeleCheck