KARNES COUNTY NATIONAL BANK Est. 1901
Texas Banking, Tried & True.

BUSINESS ACCOUNT APPLICATION

- IMPORTANT -
APPLICATION MUST BE SIGNED AND DATED BEFORE SUBMITTING.

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?**
PO Box holders must also provide the physical address of the business.				
Physical Address ☐ **Same As Mailing**	**City**	**State**	**Zip**	**How Long?**

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

☐ Sole Proprietorship ☐ Limited Liability Company ☐ Partnership
☐ Corporation ☐ Unincorporated Association ☐ Non-Profit
☐ Municipality/School (Public Funds) ☐ Other: _____

Member FDIC EQUAL HOUSING LENDER

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	TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN
☐ Business Basic	$200.00	☐ Commercial Savings Account	$100.00
☐ Business Premium *with Business Online**	$1,000.00	☐ Money Market Deposit Account	$1,500.00
☐ Commercial Premium *with Business Online**	$5,000.00	☐ Other:	

TYPE OF ACCOUNT	MINIMUM DEPOSIT TO OPEN	TERM
☐ Certificate of Deposit - Regular	$1,000.00	☐ 1 Month ☐ 3 Months ☐ 6 Months ☐ 1+ Year
☐ Certificate of Deposit - Jumbo	$30,000.00	☐ 1 Month ☐ 3 Months
☐ Certificate of Deposit - Jumbo	$100,000.00	☐ 6 Months ☐ 1+ Year

Please specify the amount of your opening deposit: _____

Existing KCNB customers can use proceeds from an existing KCNB eligible account as an opening deposit. You may list that account number here: _____

SELECT THE OPTIONS YOU WOULD LIKE APPLIED. HOWEVER, SOME OPTIONS MAY NOT APPLY TO CERTAIN ACCOUNTS. SPEAK WITH A REPRESENTATIVE FOR DETAILS.

☐ Order Checks ☐ Order Deposit Slips
☐ Order Debit Card(s) *(May only carry 1 card per owner on the account)*
☐ Receiving/Sending Wires
☐ International Wires
☐ Enroll in Business Online

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 KCNB will retain this application whether or not it is approved.

_____ _____
Business Representative's Signature ***Date***

Internal Use Only	DATE RCD:
☐ TX DL/State ID ☐ SS Card/W9 ☐ OFAC ☐ TELECHECK	REPRESENTATIVE:

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

KCNB NEW ACCOUNTS - BUSINESS APPLICATION

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?	
**PO Box holders must also provide their physical address.*					
Physical Address ☐ 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?	
**PO Box holders must also provide their physical address.*					
Physical Address ☐ 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		

Internal Use Only	ADDITIONAL APPLICANT 1	ADDITIONAL APPLICANT 2
	☐ TX DL/State ID ☐ SS Card/W9 ☐ OFAC ☐ TeleCheck	☐ TX DL/State ID ☐ SS Card/W9 ☐ OFAC ☐ TeleCheck