



3001 SW WANAMAKER ROAD, TOPEKA, KS 66614
 2620 SW 6TH STREET, STE. A, TOPEKA, KS 66606
 Phone (785) 271-1800
 Fax (785) 271-2111

BUSINESS ACCOUNT INFORMATION FORM

**NOTICE: ACCOUNT WILL NOT BE ACTIVATED NOR WILL CHECKS BE ORDERED UNTIL ALL INFORMATION HAS BEEN VERIFIED.
 TWO FORMS OF IDENTIFICATION REQUIRED.**

Type of Account (please check one)

Checking
 Savings
 Certificate of Deposit
 Safe Deposit Box
 Loan or Line of Credit

Type of Ownership (please check one)

Sole Proprietor General Partnership
 Corporation Limited Partnership
 Limited Liab. (LLC) Ltd. Liab. Ptnsp. (LLP)
 Trust/Estate Government/Public
 Joint Venture Professional Assn.
 Non-Profit Unincorporated Assn.

Please Initial: Yes No I request issuance of a debit card in connection with this account.
Please Initial: Yes No I request access to Alliance Bank's On-line Banking Application.

Business/Organization Information

RM Number:

Legal Name		Taxpayer ID Number	Organization Date/ State
DBA Name(s)			
Description of Business, Nature of Operations or Activities			
Physical Address (No P.O. Boxes)	City	State	Zip
Mailing Address (If Different from Street Address)	City	State	Zip
Telephone Number (Primary)	Telephone Number (Alternate)	Fax Number	E-mail Address
Website Address			
Authorized Resolution Dated	Please Check One: On File with Bank <input type="checkbox"/> Submitted With Application <input type="checkbox"/> Pending <input type="checkbox"/>		

Owner (list all individuals with 25% or more ownership directly or indirectly)

RM Number:

Name		Social Security Number	Date of Birth
Street Address	City	State	Zip
Telephone (Work)	Telephone (Cell)	Telephone (Home)	E-Mail
Occupation/Profession/Title	Relationship to Business (Owner/Officer/etc.)	Employer (if other than the business above)	

Owner (list all individuals with 25% or more ownership directly or indirectly)

RM Number:

Name		Social Security Number	Date of Birth
Street Address	City	State	Zip
Telephone (Work)	Telephone (Cell)	Telephone (Home)	E-Mail
Occupation/Profession/Title	Relationship to Business (Owner/Officer/etc.)	Employer (if other than the business above)	

Controlling/ Managing Individual (ONLY ONE; may be the same as an Owner)

RM Number:

Name		Social Security Number	Date of Birth
Street Address	City	State	Zip
Telephone (Work)	Telephone (Cell)	Telephone (Home)	E-Mail
Occupation/Profession/Title	Relationship to Business (Owner/Officer/etc.)	Employer (if other than the business above)	

Additional Owner Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Occupation:		Relationship to Business:	

Additional Owner Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	
Occupation:		Relationship to Business:	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE. To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify and record information which identifies each person who opens an account. When an account is opened by a new customer, we will request name, address, date of birth and other information which will allow us to identify such customer. We may also require presentation of a driver's license, passport or other identifying documents.

TO OPEN A NEW DEPOSIT ACCOUNT: you must provide a taxpayer identification, social security or other identifying number at least one of the identification documents listed below and a 2nd form of identification. Bank personnel may, at their discretion, request additional documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements:

1. Current Kansas or other State Driver's License
2. Current State-issued ID with photograph
3. Current U.S. or other passport
4. Current United States Military ID with photograph
5. Permanent Resident Card, also referred to as "Green Card"

CERTIFICATIONS. Each of the undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application at any time. I authorize Alliance Bank to make any necessary inquiries on my personal, employment, credit and account history. Untrue statements or misrepresentations may result in the termination of this account.

Business Owner/Principal/Representative Signature X	Date
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DOES THE BUSINESS / ORGANIZATION HAVE EXISTING ACCOUNTS WITH ALLIANCE? YES NO

(If yes, provide account name) _____

DESCRIPTION OF BUSINESS AND PURPOSE OF ACCOUNT:

SOURCE OF FUNDS FOR OPENING DEPOSIT: _____

DOES THIS BUSINESS MAINTAIN DEPOSIT ACCOUNTS AT ANOTHER FINANCIAL INSTITUTION: YES NO

IS YOUR BUSINESS SEASONAL? YES NO WINTER SPRING SUMMER FALL

IS YOUR BUSINESS INVOLVED IN ANY INTERNET GAMBLING ACTIVITIES? YES NO

This question is required in accordance with the Unlawful Internet Gambling Enforcement Act (UIGEA)

ARE ANY SIGNERS OR BUSINESS PRINCIPALS AFFILIATED WITH ANY GOVERNMENT ENTITY DOMESTIC OR FOREIGN?

PHYSICAL ADDRESS OF BUSINESS/ORGANIZATION: (If different than Customer Source)

DO YOU HAVE ANY ADDITIONAL BUSINESS LOCATIONS? YES NO

(If YES list locations) _____

DO YOU SERVE ANY INTERNATIONAL CLIENTS OR CUSTOMERS? YES NO

<p>DOES THE BUSINESS OFFER OR EXPECT TO OFFER ANY OF THE FOLLOWING SERVICES TO ITS CUSTOMERS? (Check All That Apply)</p> <p><input type="checkbox"/> CHECK CASHER, PAYDAY LOANS, DEBT CONSOLIDATION</p> <p><input type="checkbox"/> TELEMARKETER, THIRD PARTY PAYMENT</p> <p><input type="checkbox"/> PROCESSOR, INTERNET PAYMENT</p> <p><input type="checkbox"/> PROCESSOR ISSUER, SELLER OR REDEEMER</p> <p><input type="checkbox"/> OF MONEY ORDERS OR TRAVELERS CHECKS</p> <p><input type="checkbox"/> ISSUER, SELLER OR REDEEMER OF STORED</p> <p><input type="checkbox"/> VALUE, PREPAID, GIFT CARDS AGENT/PRINCIPAL</p> <p><input type="checkbox"/> MONEY TRANSMITTER/REMITTER</p> <p><input type="checkbox"/> CURRENCY DEALER/EXCHANGE</p> <p><input type="checkbox"/> OWN/OPERATE AN AUTOMATED TELLER MACHINE (ATM)</p> <p>IF CHECKED, DOES THE CUSTOMER MAINTAIN ATM(S) AT OTHER LOCATIONS? YES / NO (If YES, How Many? _____)</p>
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MONTHLY ANTICIPATED ACTIVITY:

CHECK ALL OF THE FOLLOWING TRANSACTIONS THAT WILL BE CONDUCTED BY THE BUSINESS AND THE LIST OF THE NUMBER OF TRANSACTIONS EXPECTED **PER MONTH** AND THE APPROXIMATE, EXPECTED DOLLAR VOLUME OF EACH TYPE OF TRANSACTIONS.

	NUMBER	AMOUNT
CASH DEPOSITS OR WITHDRAWS	_____	\$ _____
CHECK DEPOSITS	_____	\$ _____
DOMESTIC WIRE SERVICES (OUTGOING)	_____	\$ _____
DOMESTIC WIRE SERVICES (INCOMING)	_____	\$ _____
INTERNATIONAL WIRE TRANSFERS (INCOMING)	_____	\$ _____
PURCHASE OF TRAVELERS CHECKS, MONEY ORDERS	_____	\$ _____
DOMESTIC ACH TRANSACTIONS	_____	\$ _____
INTERNATIONAL ACH TRANSACTIONS	_____	\$ _____
ATM / DEBIT CARD TRANSACTIONS	_____	\$ _____
ORIGINATION OF THIRD PARTY CHECKS	_____	\$ _____
COMMERCIAL REMOTE DEPOSIT CAPTURE	_____	\$ _____
CASH MANAGEMENT VIA ELECTRONIC ACCESS	_____	\$ _____
PAYROLL	_____	\$ _____

(Use for Additional Authorized Signers as necessary)

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

Authorized Signer Information			
Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	