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**Aquesta Bank Business Account Application**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 identifies each person who opens an account.

What this means for you: When you apply for an account with Aquesta Bank, we will ask for your name, physical mailing address, date of birth, and other information that will allow us to identify you. We may ask for you to supply us with a copy of your driver's license or other identifying documentation.

**Current Customer?**

Do you currently have an account with Aquesta Bank?  Yes  No  
 If so, under what name are your accounts? \_\_\_\_\_

**Applicant Information**

<b>Account Ownership</b>	Corporation	LLC	Sole Prop.
(Select only one)	If Corporation - please provide copy of Articles		Other
<b>Business Name:</b>	_____		
<b>Business Street Address</b>	_____		
<b>City, State &amp; Zip:</b>	_____		
<b>Tax ID#</b>	<b>Business Phone:</b>	_____	
<b>Business Start Date</b>	<b>Email Address:</b>	_____	
<b>Enroll for Online Banking at <a href="http://www.aquesta.com">www.aquesta.com</a></b>	_____		
<b>Business Owner:</b>	_____		
<b>Authorized Signers:</b>	_____		

**Business Owner Information**

<b>Full Name:</b>	_____		
<b>Home Street Address:</b>	_____		
<b>City, State &amp; Zip:</b>	_____		
<b>Date of Birth:</b>	<b>Home Phone:</b>	_____	
<b>Social Security Number:</b>	_____		
<b>Mother's Maiden Name:</b>	<b>Email Address:</b>	_____	
<b>Drivers License Number:</b>	<b>Issue Date:</b>	<b>Exp Date:</b>	_____
<b>State of Issue:</b>	<b>Business Phone:</b>	_____	
<b>Debit Card:</b>	<b>4 digit pin:</b> _____		

I acknowledge receipt of and agree to the terms of the "Deposit Agreement". I understand that this is an application for an account with Aquesta Bank. The application process may include an inquiry into my past banking relationships and a review of my credit history.

I certify that all of the applicant information completed above is true and accurately identifies me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_