# Business Account Application/CIP

**Attn: New Accounts**

**PLEASE PRINT CLEARLY**

**Business Name :** _____

_____

Business is ☐ Native ☐ Non-Native

**Type of Entity:**
☐ Association/Cooperative ☐ Corporation
☐ Limited Liability Company ☐ Partnership/LLP/LLLP ☐ Sole Proprietorship
☐ Estate or Trust ☐ Tribe/Municipality
☐ Non-profit-Status:_____ ☐ Other_____

**Tax ID Number/EIN:** _____

**Describe Business:** _____

**Markets Served:** _____

**Physical Address:** _____ **Mailing Address:** _____

_____ _____

**Business Phone:** _____ **Business Email:** _____

**Enter the number of accounts you would like to open for each product:**

*For example: 2 Analysis Checking 1 Money Market*

____Analysis Checking ____Business Checking ____Interest Checking ____Non-Profit Checking **(Restrictions Apply)**

___Money Market ____Savings ____CD (Complete Addendum)

☐ Visa Debit Card(s) ☐ Online eBanking ☐ Cash Management

**How did you hear about Native American Bank:** _____

_____

Upon Receipt and Verification of your Business Account Application/CIP, Native American Bank will Contact you and send a new account packet with documents to complete and further instructions.

Send New account packet by:

☐ Email- Address _____ ☐ Fax- Number _____

☐ Mail to the Mailing Address Above

**By submitting this application, you approve Native American Bank to run a ChexSystems review of the information Provided. Return this application:**

**Email:** info@nabna.com **Fax: 303-988-5533** **Mail: Native American Bank**
**201 N. Broadway**
**Denver, CO 80203**

NATIVE AMERICAN BANK

# Business Account Application/CIP

**Attn: New Accounts**

**PLEASE PRINT CLEARLY**

## Account Signer Information

**Signer 1:**

**Full Name:** _____ **DOB:** _____ **SSN:** _____

**Physical Address:** _____ **Mailing Address:** _____
Street Address Apt/Unit # Street Address Apt/Unit #

_____ _____
City State Zip Code City State Zip Code

**Email:** _____ **Phone Number:** _____

**Job Title:** _____ **Does the ID provided list your current address?**
(If no, please provide address verification.) ☐ **Yes** ☐ **No**

**Occupation:** _____

**Employer:** _____ ☐ **Native Tribe:** _____ ☐ **Non Native**

**Signer 2:**

**Full Name:** _____ **DOB:** _____ **SSN:** _____

**Physical Address:** _____ **Mailing Address:** _____
Street Address Apt/Unit # Street Address Apt/Unit #

_____ _____
City State Zip Code City State Zip Code

**Email:** _____ **Phone Number:** _____

**Job Title:** _____ **Does the ID provided list your current address?**
(If no, please provide address verification.) ☐ **Yes** ☐ **No**

**Occupation:** _____

**Employer:** _____ ☐ **Native Tribe:** _____ ☐ **Non Native**

**Signer 3:**

**Full Name:** _____ **DOB:** _____ **SSN:** _____

**Physical Address:** _____ **Mailing Address:** _____
Street Address Apt/Unit # Street Address Apt/Unit #

_____ _____
City State Zip Code City State Zip Code

**Email:** _____ **Phone Number:** _____

**Job Title:** _____ **Does the ID provided list your current address?**
(If no, please provide address verification.) ☐ **Yes** ☐ **No**

**Occupation:** _____

**Employer:** _____ ☐ **Native Tribe:** _____ ☐ **Non Native**

**For additional Signers please use another Authorized Signers Information page.**

NATIVE AMERICAN BANK

# Business Account Application/CIP

**Attn: New Accounts**

**PLEASE PRINT CLEARLY**

## Account Signer Information

**Signer 1:**

**Full Name:** _____ **DOB:** _____ **SSN:** _____

**Physical Address:** _____ **Mailing Address:** _____
Street Address Apt/Unit # Street Address Apt/Unit #

_____ _____
City State Zip Code City State Zip Code

**Email:** _____ **Phone Number:** _____

**Job Title:** _____ **Does the ID provided list your current address?**
(If no, please provide address verification.) ☐ **Yes** ☐ **No**

**Occupation:** _____

**Employer:** _____ ☐ **Native Tribe:** _____ ☐ **Non Native**

**Signer 2:**

**Full Name:** _____ **DOB:** _____ **SSN:** _____

**Physical Address:** _____ **Mailing Address:** _____
Street Address Apt/Unit # Street Address Apt/Unit #

_____ _____
City State Zip Code City State Zip Code

**Email:** _____ **Phone Number:** _____

**Job Title:** _____ **Does the ID provided list your current address?**
(If no, please provide address verification.) ☐ **Yes** ☐ **No**

**Occupation:** _____

**Employer:** _____ ☐ **Native Tribe:** _____ ☐ **Non Native**

**Signer 3:**

**Full Name:** _____ **DOB:** _____ **SSN:** _____

**Physical Address:** _____ **Mailing Address:** _____
Street Address Apt/Unit # Street Address Apt/Unit #

_____ _____
City State Zip Code City State Zip Code

**Email:** _____ **Phone Number:** _____

**Job Title:** _____ **Does the ID provided list your current address?**
(If no, please provide address verification.) ☐ **Yes** ☐ **No**

**Occupation:** _____

**Employer:** _____ ☐ **Native Tribe:** _____ ☐ **Non Native**

**For additional Signers please use another Authorized Signers Information page.**