



New Revising Commercial Account Application

Required Identification: We require every individual named on an account to provide an **unexpired** government issued identification which includes: US Driver's License, Mexico Marticula Consular Card, Passport, US Military ID (along with another photo ID we may keep on file). City National Bank reserves the right to request additional identification.

<input type="radio"/> Business Checking - No minimum to open; service fees apply to balance below \$1,000.00	<input type="radio"/> Business Money Market - \$2,500.00 minimum to open; monthly service charge applies to balances below \$1,500.00; earns interest when balance is over \$1,500.00
<input type="radio"/> Business Savings - \$100 minimum to open; service fees apply if balance below \$100; earns interest	<input type="radio"/> Other -

Are you interested in the following bank products or services?

<input type="checkbox"/> Digital Banking – Includes Online Bill pay, Bank to Bank transfers & More	<input type="checkbox"/> E-Statements
<input type="checkbox"/> Mobile Banking – App. available on Apple and Android	<input type="checkbox"/> Debit Card(s) – 1 st card(s) free
<input type="checkbox"/> Sweeps – Automatic transfers from another CNB account to cover overdrafts	<input type="checkbox"/> Remote Teller
<input type="checkbox"/> Cash Management – Digital banking ability for wires, ACH & Positive Pay **All products subject to bank approval	

Business Information:

Sole Proprietorship
 Limited Liability Company (LLC)
 Partnership
 Corporation
 Non-Profit
 Organization

Business Legal Name: _____ Doing Business As: _____

Tax ID: _____ Date Business was established: _____ State: _____

Physical Address: _____ City/State/ZIP: _____ County: _____

Statement Address: _____ City/State/ZIP: _____

Business Phone: _____

E-mail: _____

Are you a current customer of City National Bank? Yes No

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Title: _____ (Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)

Physical Address: _____ City/State/ZIP: _____ County: _____

Statement Address: _____ City/State/ZIP: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Social Security Number/ ITIN: _____ E-mail: _____

Gender: _____ Date of Birth: _____ ID#: _____ State: _____ Expiration: _____

Employer: _____ Address: _____ Occupation: _____

Security Questions:

Select your personal passcode: _____

What is your mother's maiden name? _____

What was your first car, make/model? _____

Who was your favorite teacher? _____

What is your father's middle name? _____

What is the name of your favorite pet? _____

What city were you born in? _____

First Name:	Middle Name:	Last Name:	Suffix:
Title:	(Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)		
Physical Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
Social Security Number/ ITIN:	E-mail:		
Gender:	Date of Birth:	ID#:	State: Expiration:
Employer:	Address:	Occupation:	
Security Questions:			
Select your personal passcode:			
What is your mother's maiden name?			
What was your first car, make/model?			
Who was your favorite teacher?			
What is your father's middle name?			
What is the name of your favorite pet?			
What city were you born in?			

First Name:	Middle Name:	Last Name:	Suffix:
Title:	(Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)		
Physical Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
Social Security Number/ ITIN:	E-mail:		
Gender:	Date of Birth:	ID#:	State: Expiration:
Employer:	Address:	Occupation:	
Security Questions:			
Select your personal passcode:			
What is your mother's maiden name?			
What was your first car, make/model?			
Who was your favorite teacher?			
What is your father's middle name?			
What is the name of your favorite pet?			
What city were you born in?			

First Name:	Middle Name:	Last Name:	Suffix:
Title:	(Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)		
Physical Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
Social Security Number/ ITIN:	E-mail:		
Gender:	Date of Birth:	ID#:	State: Expiration:
Employer:	Address:	Occupation:	
Security Questions:			
Select your personal passcode:			
What is your mother's maiden name?			
What was your first car, make/model?			
Who was your favorite teacher?			
What is your father's middle name?			
What is the name of your favorite pet?			
What city were you born in?			

Important Information: We are required, by federal law contained in the Bank Secrecy Act, to obtain, verify, and record information that identifies each person opening or having access to a City National Bank account. We will ask for your full legal name, residential address, Social Security Number (SSN) or Individual Tax Payer Identification Number (ITIN), Phone Number, and Date of Birth. Certain documentation will be required depending on the type of business you operate. If the required documentation is not provided today, you will have 30 days from the date of account opening to provide it or the account will be closed.

Agreement:

I certify that the above information is true and correct. By signing below I authorize City National Bank to verify the above information and to obtain further information concerning my credit history and standing on deposit accounts maintained with other institutions through electronic or manual verification. City National Bank reserves the right to decline opening any account based on information that may be obtained.

_____ Signature	_____ Title	_____ Date	_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date	_____ Signature	_____ Title	_____ Date

Bank Use Only:

Acct# _____ CIF# _____ New Account Representative _____
 Additional Comments: