



**DEPOSIT APPLICATION FORM**

**Primary Owner or Business:**

Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Only: Does your business plan on offering any financial services to your customers \_\_\_ Yes \_\_\_ No

Does your business currently participate or expect to participate in any form of Gambling Activities? \_\_\_ Yes \_\_\_ No.

***If yes we can not open this account.***

Physical Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Form of ID**

Identification	Number	Issued By	Issued Date	Expiration Date
Driver's License				
State ID Card				
Military ID				
Medicare/Medicaid Card				
Passport				
Non-Resident Alien Card				
Resident Alien Card				
Social Security Card				
Other				

Employer \_\_\_\_\_

Date of Employment \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Source of Deposits \_\_\_\_\_

Estimated Dollar Amount of Deposits \_\_\_\_\_

**RISK RATING :** \_\_\_\_\_ **Low** \_\_\_\_\_ **Moderate** \_\_\_\_\_ **High**

**Secondary Owner or Authorized Signer**

Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Form of ID

<b>Identification</b>	<b>Number</b>	<b>Issued By</b>	<b>Issued Date</b>	<b>Expiration Date</b>
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Social Security Card				
Other				

Employer \_\_\_\_\_

Date of Employment \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Employer Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RISK RATING :** \_\_\_\_\_ **Low**      \_\_\_\_\_ **Moderate**      \_\_\_\_\_ **High**