NEW BUSINESS ACCOUNT QUESTIONNAIRE

Complete the information below to help us expedite your account opening.

Business Information

Legal Business Name

Federal Tax ID (EIN)

DBA (if applicable)

Business Phone

Business Email

Website

Preferred Mailing Address (if different from public records)

About Your Business

Describe your business and the products or services you provide

What is the primary purpose of opening this account?

What is the primary source of funds for this account?

How will funds be deposited? (ACH, checks, wires, cash, merchant, mobile, etc.)

Banking Services

- [ ] Debit Card
- [ ] Online Banking
- [ ] ACH Origination
- [ ] Wire Transfers
- [ ] Remote Deposit Capture
- [ ] Positive Pay
- [ ] Business Bill Pay

BANKING NEEDS & MONTHLY ACTIVITY

Enter estimated monthly amounts and transaction counts; use 0 when none.

Additional Banking Needs

- [ ] Merchant Services
- [ ] Business Credit Card
- [ ] Personal Banking
- [ ] Financing Needs

Financing type, if applicable (SBA, commercial, CRE, etc.)

Relationship & Referral Information

How did you hear about us?

Referred By

Current Financial Institution

Estimated Monthly Averages

TRANSACTION TYPE	ESTIMATED AMOUNT ($)	ESTIMATED VOLUME (#)
ACH Debits		
Foreign Wires (Out)		
Domestic Wires (Out)		
Cash Withdrawals		
Check Withdrawals		
TOTAL WITHDRAWALS	0.00	0
ACH Credits		
Foreign Wires (In)		
Domestic Wires (In)		
Cash Deposits		
Check Deposits		
TOTAL DEPOSITS	0.00	0

Required Documents

2 IDs per signer | SunBiz | IRS EIN | Signer form | 3 months statements | Operating Agreement*

ACCOUNT OWNER / SIGNER INFORMATION - SIGNER 1

Please complete each applicable field. A separate signer page is provided.

Personal Details

Full Legal Name

Facsimile Stamp? ☐ Yes ☐ No

Electronic Signature? ☐ Yes ☐ No

Residential Address

Date of Birth

Social Security Number

Occupation (if retired, previous occupation)

Driver's License Number

Issue Date

Expiration Date

Home Phone

Work Phone

Cell Phone

Email Address

Employer Name

Employer Address

Consent & Authorization

Submitting this form does not guarantee account opening. I authorize Paradise Bank to conduct ChexSystems verification on me and/or the business.

Signature (typed name; execute a separate signature if required)

Date

ACCOUNT OWNER / SIGNER INFORMATION - SIGNER 2

Please complete each applicable field. A separate signer page is provided.

Personal Details

Full Legal Name

Facsimile Stamp? ☐ Yes ☐ No

Electronic Signature? ☐ Yes ☐ No

Residential Address

Date of Birth

Social Security Number

Occupation (if retired, previous occupation)

Driver's License Number

Issue Date

Expiration Date

Home Phone

Work Phone

Cell Phone

Email Address

Employer Name

Employer Address

Consent & Authorization

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