



Business Information:

Name _____ Employer ID _____

Street Address _____
City State Zip

Mailing Address (if different) _____
City State Zip

Phone _____ Fax _____

Signers/Title (have each signer complete the personal information sheet): **Need Copy of Drivers License**

Where do you currently bank? _____

Why did you choose our bank? _____

Other services with FirstCapital Bank that you might be interested in:

Checks _____ Online Banking _____ E-statements _____

Merchant Services _____ Loans _____ Safe Deposit Box _____

Required to open an account:

Sole Proprietor (DBA): SSN of owner or EIN (IRS SS4 or 1st page of tax return)
Assumed Name Certificate FILED with County/SOS

General Partnership: Proof of EIN: IRS SS4 or 1st page of tax return
Partnership Agreement
Assumed Name Certificate FILED with County/SOS

Limited Partnership: Proof of EIN: IRS SS4 or 1st page of tax return
Formation document FILED with SOS either:
Certificate of Limited Partnership or Certificate of Formation

Limited Liability Company (LLC)/Corporation: Proof of EIN: IRS SS4 or 1st page of tax return
Formation document FILED with SOS either:
Articles of Organization or Certificate of Formation