

Phone: (406) 892-1776
Fax: (406)892-6620
www.FreedomBankMT.com



530 9th St West
PO Box 2076
Columbia Falls, MT 59912

Account Type: Business Checking Economy Business Checking Free Small Business Checking Business Interest Checking
 Freedom Savings Insured Money Market Certificate of Deposit Safe Deposit Box

Business Type:

- Sole Proprietorship
- Partnership
- Corporation
- Non-Profit Organization/Association
- Limited Liability Company
- Trust
- Other _____

Require at Account Opening:

- Montana Business Entity Registry
- Partnership Agreement and Montana Business Entity Registry
- Articles of Incorporation and Montana Business Entity Registry
- By-laws, Charter, or Minutes, Naming the Officers or Representatives
- Articles of Organization and Operating Agreement Naming Managing Members
- Trust Documents Drawn up by an Attorney Naming the Trustees
- _____

**All Signers must to be Present at Account Opening*

**By the US Patriot Act All Signers are Required to Provide Personal Information and Valid Picture Identification at Account Opening*

BUSINESS INFORMATION

Business Name or DBA: _____
Tax Identification Number: _____
Nature of Business (Example: Restaurant/Construction, etc.): _____
Mailing Address: _____
Physical Address: _____
Telephone: _____
E-Mail Address (optional): _____

AUTHORIZED INDIVIDUALS

1) Name: _____
Title (Example: Manager, President, etc.): _____
SSN: _____
Mailing Address: _____
Physical Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Date of Birth: _____
City Born in: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
E-Mail Address (optional): _____

2) Name: _____
Title (Example: Manager, President, etc.): _____
SSN: _____
Mailing Address: _____
Physical Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Date of Birth: _____
City Born in: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
E-Mail Address (optional): _____

*Continue on back page...

AUTHORIZED INDIVIDUALS (Continued)

3) Name: _____
Title (Example: Manager, President, etc.): _____
SSN: _____
Mailing Address: _____
Physical Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Date of Birth: _____
City Born in: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
E-Mail Address (optional): _____

4) Name: _____
Title (Example: Manager, President, etc.): _____
SSN: _____
Mailing Address: _____
Physical Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Date of Birth: _____
City Born in: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
E-Mail Address (optional): _____

Unlawful Internet Gambling Transactions Prohibited.

I certify that my business is not now engaged in, and during the life of this agreement will not engage in, any activity or business that is unlawful under the Unlawful Internet Gambling Enforcement Act of 2006, 31 USC 5361, et seq., (the "UIGEA"). You may not use your account or any other service we offer to receive any funds, transfer, credit, instrument or proceeds that arise out of a business that is unlawful under the UIGEA. You agree that if anyone asks us to process a transaction that we believe is restricted under the UIGEA, we may block the transaction and take any other action we deem to be reasonable under the UIGEA and this agreement.

All Signers initial here: _____/_____/_____/_____.

By completing this application I acknowledge that Freedom Bank is authorized to access my personal information and in doing so retain my information acquired through Chexsystems and any federal or state government agencies. I understand my application will be subject to approval based on these reports.

1) _____
Signature

2) _____
Signature

3) _____
Signature

4) _____
Signature