

Phone: (406) 892-1776
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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 _____

Required 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
- _____

In accordance with 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.): _____
Is this a Marijuana Related Business? Yes No *if yes, please describe:* _____
Mailing Address (City, State, Zip): _____
Physical Address (City, State, Zip): _____
Telephone: _____
Web Address: _____

AUTHORIZED INDIVIDUALS

1) Name: _____
Title (Example: Manager, President, etc.): _____ Ownership % _____
Mailing Address (City, State, Zip): _____
Physical Address (City, State, Zip): _____
Home Phone Number: _____ Cell Phone Number: _____
Social Security Number: _____ Occupation: _____
Date of Birth: _____ Driver's License # _____ Exp _____
City Born in: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
E-Mail Address: _____

2) Name: _____
Title (Example: Manager, President, etc.): _____ Ownership % _____
Mailing Address (City, State, Zip): _____
Physical Address (City, State, Zip): _____
Home Phone Number: _____ Cell Phone Number: _____
Social Security Number: _____ Occupation: _____
Date of Birth: _____ Driver's License # _____ Exp _____
City Born in: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
E-Mail Address: _____

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