

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



530 9th St West
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
- _____

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: _____
(Examples: Convenience Store, Restaurant, Retail Store, Attorney, Doctor, Broker, Auto Sales, Equipment Sales, General Contractor for Construction)

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: _____

*Continue next page...

ALL NEW DEPOSIT ACCOUNTS ARE VERIFIED THROUGH CHEXSYSTEMS

Submitted Application Forms are Property of Freedom Bank and will be retained for records whether the account is approved or denied.

FDIC Insured

AUTHORIZED INDIVIDUALS (Continued)

3) 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: _____

Are there any individuals or entities with 25% or more ownership in the business that are not listed on the application?
 Yes No If yes, please request the Beneficial Ownership Addendum from Freedom Bank.

Questions: (Please answer all)

1. What is the purpose of this account? (Example: Payroll Account, Tax Account, Expense Account, ATM Account, Day to Day Operations of Business) _____
2. What type of items do you expect to deposit? **CHECK ALL THAT APPLY:**
 Cash Checks Direct deposits Remote Deposit Capture Wire transfers ACH
 Other (please explain) _____
3. Average Monthly **Cash** Deposits (**check one**): under \$1,500 \$1,500 to \$4,500 over \$4,500
4. What method do you plan to withdraw funds from the account? **CHECK ALL THAT APPLY:**
 Cash Checks Debit Card ATM withdrawal Cashier's Check Wire transfers ACH
 Other (please explain) _____
5. Average Monthly **Cash** Withdrawals (**check one**): under \$1,500 \$1,500 to \$4,500 over \$4,500
6. Will you be doing any transactions outside the U.S.? Yes No if yes, what country or countries? _____
7. Do you have an ATM on site at your business? Yes No Not Applicable
8. Why did you choose Freedom Bank? _____

PLEASE NOTE: Due to regulations more questions may be required for customer due diligence.

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