



BUSINESS PROFILE

Business Information

Date: _____ Tax ID #: _____ Type of Business: _____
Name: _____ DBA (if applicable): _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____
Website Address: _____ E-mail Address: _____

Account Information

Account Type: Checking Money Market Savings Certificate of Deposit

Authorized Signers Information

1) Name: _____ Title: _____
2) Name: _____ Title: _____
3) Name: _____ Title: _____
4) Name: _____ Title: _____

Identification Information (Signer #1)

Name: _____ Address: _____ City, State, Zip: _____
Social Security #: _____ Place of Birth: _____ Date of Birth: _____
Mother's Maiden Name: _____ Primary ID Type: _____ Primary ID State: _____
Primary ID#: _____ Expiration Date: _____ Issue Date: _____
Secondary ID Type: _____ Expiration Date: _____ Issue Date: _____
E-mail Address: _____ Home Phone #: _____ Cell Phone #: _____

Identification Information (Signer #2)

Name: _____ Address: _____ City, State, Zip: _____
Social Security #: _____ Place of Birth: _____ Date of Birth: _____
Mother's Maiden Name: _____ Primary ID Type: _____ Primary ID State: _____
Primary ID#: _____ Expiration Date: _____ Issue Date: _____
Secondary ID Type: _____ Expiration Date: _____ Issue Date: _____
E-mail Address: _____ Home Phone #: _____ Cell Phone #: _____

Identification Information (Signer #3)

Name: _____ Address: _____ City, State, Zip: _____
Social Security #: _____ Place of Birth: _____ Date of Birth: _____
Mother's Maiden Name: _____ Primary ID Type: _____ Primary ID State: _____
Primary ID#: _____ Expiration Date: _____ Issue Date: _____
Secondary ID Type: _____ Expiration Date: _____ Issue Date: _____
E-mail Address: _____ Home Phone #: _____ Cell Phone #: _____

Identification Information (Signer #4)

Name: _____ Address: _____ City, State, Zip: _____
Social Security #: _____ Place of Birth: _____ Date of Birth: _____
Mother's Maiden Name: _____ Primary ID Type: _____ Primary ID State: _____
Primary ID#: _____ Expiration Date: _____ Issue Date: _____
Secondary ID Type: _____ Expiration Date: _____ Issue Date: _____
E-mail Address: _____ Home Phone #: _____ Cell Phone #: _____

For Internal Use Only (To Be Filled Out by Bank of Southern California)

New Account Supersede Business Entity Type: _____
 Retail Wholesale Manufacturing Service Provider NAICS Code: _____
Money Service Business? Yes No Registered with FinCEN? Yes No
Initial Deposit: \$ _____ Source of Funds: _____ Estimated Avg. Bal.: \$ _____
Estimated Cash Activity – Deposits: \$ _____ Withdrawals: \$ _____
Estimated Wire Activity - Incoming # _____ \$ _____ Outgoing #: _____ \$ _____
Other Bank Services: ACH Courier Night Drop Online Banking Remote Deposit Capture
Lending Needs: Line of Credit Term Loan Equipment Loan Real Estate Loan
BSA/AML Risk Rating: Low Medium High Enhanced Due Diligence Required: Yes No