



Business Account Application

Please fill out the following information:

CIP Date: _____

Last name

First name

Middle initial

Business Street address (no PO Box numbers)

City

State

Zip

Phone

Email address

Tax Identification Verification

TIN/EIN

Verified by: ☐ Credit report ☐ EIN assignment letter ☐ ChexSystems

☐ Reference check ☐ Financial statement ☐ Other: _____

Business Verification

Verified by: ☐ Articles of incorporation ☐ Articles of organization ☐ Trust document

☐ Operating agreement ☐ Partnership agreement ☐ Government-issued business license

☐ DBA paper/sole proprietorship ☐ Other: _____ Date of issuance _____

BUSINESS ACTIVITY

Name of business

Account number

Type of business (be specific)

Length of time in business

How often do you expect to make transactions in this account? ☐ Daily ☐ Weekly ☐ Monthly

☐ Occasionally ☐ Cash: (approximate amount)

Wires: ☐ Daily ☐ Weekly ☐ Monthly Occasionally Type: ☐ National ☐ International

Cashier's checks/money orders: ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally

Please attach a photocopy of two pieces of identification for each signer.

Address: 1 THE REIN SEACROFT LEEDS, WEST YORKSHIRE LS14 2LA, UK

Email: info@firsttrustinc.org