



**LAKE ELMO BANK**  
A TRADITION OF SERVICE

Prepared by \_\_\_\_\_

Date \_\_\_\_\_

## BUSINESS ACCOUNT APPLICATION

<input type="checkbox"/> <b>Sole Proprietor</b> Certificate of Assumed Name	<input type="checkbox"/> <b>Corporation</b> Articles of Incorporation / EIN	<input type="checkbox"/> <b>Partnership</b> Partnership Agmt / Certified of Limited Partnership / EIN	<input type="checkbox"/> <b>LLC</b> Articles of Organization / EIN	<input type="checkbox"/> <b>Association</b> Letter of Authorization / Meeting Minutes
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Internet sites to verify business information:      **IRS**      **MINNESOTA**      **WISCONSIN**  
[www.irs.gov](http://www.irs.gov)      [www.sos.state.mn.us/home/index.asp](http://www.sos.state.mn.us/home/index.asp)      [www.sos.state.wi.us](http://www.sos.state.wi.us)

**Name of Business** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Tax ID #** \_\_\_\_\_

**Owner(s) / Officer(s) / Principal(s) / Signer(s) - Detail below**

Full Legal Name	
Title	
Home Address	
City / State / Zip	
Social Security #	
Date of Birth	
Home Telephone #	Cell Phone #
Business Telephone #	Cell Phone #
Driver's License #	Issue Date
Exp Date	Issue Date
E-Mail Address	May we contact you by email?
Employer Name	

Full Legal Name	
Title	
Home Address	
City / State / Zip	
Social Security #	
Date of Birth	
Home Telephone #	Cell Phone #
Business Telephone #	Cell Phone #
Driver's License #	Issue Date
Exp Date	Issue Date
E-Mail Address	May we contact you by email?
Employer Name	

**Individuals Authorized for Special Account Access**

Full Name
Password
<input type="checkbox"/> Account Balances
<input type="checkbox"/> Account Transfers
<input type="checkbox"/> Stop Payments
<input type="checkbox"/> Wire Transfers

Full Name
Password
<input type="checkbox"/> Account Balances
<input type="checkbox"/> Account Transfers
<input type="checkbox"/> Stop Payments
<input type="checkbox"/> Wire Transfers

**To set up Internet Account Access, see a personal banker or visit our website at [lakeelmobank.com](http://lakeelmobank.com) to complete an application.**



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**Business**

**Additional Owner(s) / Officer(s) / Principal(s) / Signer(s) - Detail below**

Full Legal Name	
Title	
Home Address	
City / State / Zip	
Social Security #	
Date of Birth	
Home Telephone #	Cell Phone #
Business Telephone #	Cell Phone #
Driver's License #	Exp Date      Issue Date
E-Mail Address	May we contact you by email?
Employer Name	

Full Legal Name	
Title	
Home Address	
City / State / Zip	
Social Security #	
Date of Birth	
Home Telephone #	Cell Phone #
Business Telephone #	Cell Phone #
Driver's License #	Exp Date      Issue Date
E-Mail Address	May we contact you by email?
Employer Name	

**Individuals Authorized for Special Account Access**

Full Name
Password
<input type="checkbox"/> Account Balances <input type="checkbox"/> Account Transfers <input type="checkbox"/> Stop Payments <input type="checkbox"/> Wire Transfers

Full Name
Password
<input type="checkbox"/> Account Balances <input type="checkbox"/> Account Transfers <input type="checkbox"/> Stop Payments <input type="checkbox"/> Wire Transfers

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