

AMERICAN INVESTORS BANK & MORTGAGE BUSINESS APPLICATION



APPLICANT INFORMATION

Name of Business: _____

Business Address: _____

City:	State:	ZIP Code:
Business Tax ID:		

SIGNER INFORMATION

Name of Signer: _____

Address: _____

City	State	Zip
SS#:	Date of Birth:	Phone#
Cell Phone#	U.S. Citizen: Yes No (Circle One)	

SIGNER INFORMATION

Name of Signer: _____

Address: _____

City	State	Zip
SS#:	Date of Birth:	Phone#:
Cell Phone#:	U.S. Citizen: Yes NO (Circle One)	

OWNERSHIP OF ACCOUNT

<input type="checkbox"/> Partnership/Joint Venture	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Estate	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Non-Profit Organization	What is the nature of your business? Is the business registered as an MSB? Do you ever do business outside the country? If so, where? Are you a currency dealer or exchanger? Are you a money transmitter? Does your business participate in Internet Gambling?	

TYPE OF ACCOUNT

Investors Business Checking
 Investors Premier Business Savings
 Certificate of Deposit

Purpose of account _____ Source of funds: _____

	Cash		Checks		ACH		Wires		Monetary Instruments	
	Deposit	N/A <input type="checkbox"/>	Deposit	N/A <input type="checkbox"/>	Deposit	N/A <input type="checkbox"/>	Deposit	N/A <input type="checkbox"/>	Deposit	N/A <input type="checkbox"/>
Largest Single Transaction	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Avg. Monthly Dollar Amount	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Withdrawal	N/A <input type="checkbox"/>	Withdrawal	N/A <input type="checkbox"/>	Withdrawal	N/A <input type="checkbox"/>	Withdrawal	N/A <input type="checkbox"/>	Withdrawal	N/A <input type="checkbox"/>
Largest Single Transaction	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Avg. Monthly Dollar Amount	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Purpose of cash activity: _____

Wires: N/A
 Domestic
 International Countries:

Purpose of incoming and outgoing wires: _____

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BUSINESS APPLICATION**



SIGNATURES

Minnesota Law requires the following information to be provided by one applicant if this is a transaction account.

Have you had a transaction account at this or another financial intermediary within 12 months before making this application? Yes _____ No _____

Have you had a transaction account closed by a financial intermediary without your consent with 12 month before making this application? Yes _____ No _____

Have you ever been convicted of a criminal offence because of the use of a check or other similar items before making this application? Yes _____ No _____

If you make a false material statement in this document that you do not believe to be true, you are guilty of perjury. In order to help the U.S. Government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions; obtain, verify, and record the identity of any person seeking to open an account by obtaining customer identification that includes name, address, date of birth, ID Number, and a photo copy of the document used to verify identities such as and not limited to driver's license, passport etc.

Signature of applicant:

Date:

Signature of applicant:

Date: