



# Business Account Application/CIP

Attn: New Accounts

PLEASE PRINT CLEARLY

**Business Name:** \_\_\_\_\_  
\_\_\_\_\_

Business is  Native – Tribe \_\_\_\_\_  Non-Native

Type of Entity:  Association/Cooperative  Corporation  Governmental Unit  
 Limited Liability Company  Partnership/LLP/LLLP  Sole Proprietorship  
 Trust  Other \_\_\_\_\_

**Tax ID Number/EIN:** \_\_\_\_\_  Non-profit

Describe Business: \_\_\_\_\_

Markets Served: \_\_\_\_\_

**Physical Address/Location:** \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone#: \_\_\_\_\_

Secondary Phone#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signer 1: \_\_\_\_\_  
Full Name (PRINT) SSN DOB

Signer 2: \_\_\_\_\_  
Full Name (PRINT) SSN DOB

Signer 3: \_\_\_\_\_  
Full Name (PRINT) SSN DOB

Number of Signatures Required: \_\_\_\_\_ Attached separate sheet for additional signers.

I/we would like the following (please check all that apply):

- Business Checking  Small Business Checking  Analysis Checking  Interest Checking \*
- Non-Profit Checking \*  Business Savings  Premium Savings  Money Market
- CD (complete addendum)  Visa Debit Card(s)  Online Banking  Other \_\_\_\_\_

\* Restrictions Apply.

Upon receipt of your completed Business Account Application/CIP, NAB will send to you a new account packet with the signature card(s), account documents and disclosures required to open an account.

Send the new account packet:

- By FAX – Fax Number: \_\_\_\_\_
- By Mail to the Address Above.
- By E-mail – E-mail Address: \_\_\_\_\_

Return this application/CIP:

By Fax: 720-963-5540

By Mail: Native American Bank  
999 18<sup>th</sup> St., Ste. 2460  
Denver, CO 80202