



# Customer Information Program (CIP)\* & Business Account Application

(Updated April 16, 2007-Edwardsville)

All new businesses & authorized signers are verified using ChexSystems as well as checked against the OFAC list.  
\* CIP is required under the USA Patriot Act of 2001.

**BUSINESS INFORMATION:**

Business Relationship:  New  Existing

Business Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Prior Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing/Statement Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Additional Statement Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Taxpayer ID Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Business Fax Number \_\_\_\_\_  
 Website \_\_\_\_\_ Date Formed \_\_\_\_\_

*I do hereby certify that all of the above information is correct and I authorize Premier Bank to verify the information.*

Signature of Secretary / Authorized Representative \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZED SIGNER**  **OTHER**

Customer Relationship:  New  Existing

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Drivers License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Cellular Phone Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed  
 Sex:  Male  Female  
 U. S. Citizen:  Yes  No, Explain (Passport, Other Documentation, etc.): \_\_\_\_\_

*I do hereby certify that all of the above information is correct and I authorize Premier Bank to verify the information.*

Signature of Secretary / Authorized Representative \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZED SIGNER**  **OTHER**

Customer Relationship:  New  Existing

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Drivers License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Cellular Phone Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed  
 Sex:  Male  Female  
 U. S. Citizen:  Yes  No, Explain (Passport, Other Documentation, etc.): \_\_\_\_\_

*I do hereby certify that all of the above information is correct and I authorize Premier Bank to verify the information.*

Signature of Secretary / Authorized Representative \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

