



BUSINESS - New Account Application and Signature Card

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents.

How Did You Hear About Us? Print Website

Opening Deposit Amount: _____ Promotion Code: _____ Account Type: _____ CD/CDAR Term: _____

Business Information			
Business Entity Legal Title: (Indicate DBA name, if applicable)		Type of Business/Industry (i.e. clothing sales, interior design):	
Business Physical Address (No PO Box):		City/State/Zip:	Years at this location:
Mailing Address:		City/State/Zip:	
Business EIN/SSN:	Business Phone:	Business Email Address:	
Date Business Established:	Business Website:	Account Purpose (i.e. Operations, Reserve):	

Signer Information					
The authorized signers whose names appear below, hereby apply for an account with Axos Bank™, subject to the terms and conditions in the Account Agreement. I/WE ACKNOWLEDGE RECEIPT OF THE BUSINESS DEPOSIT ACCOUNT AGREEMENT AND SCHEDULE OF FEES. THIS AGREEMENT ADDRESSES THE BUSINESS ACCOUNTS, SERVICES AND FEES FOR AXOS BANK. CLICK HERE.					
Axos Bank is hereby authorized to act without further inquiry in accordance with writings bearing one signature of the undersigned until Axos Bank receives written notice that the signers have changed.					
AUTHORIZED SIGNERS					
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE	
Address:		Best Contact #:		<input type="checkbox"/> SIGNER	
Signature:	Email Address:	Driver's License No./State	Issue Date:	Exp. Date:	<input type="checkbox"/> OWNER
				<input type="checkbox"/> BOTH	
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE	
Address:		Best Contact #:		<input type="checkbox"/> SIGNER	
Signature:	Email Address:	Driver's License No./State:	Issue Date:	Exp. Date:	<input type="checkbox"/> OWNER
				<input type="checkbox"/> BOTH	
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE	
Address:		Best Contact #:		<input type="checkbox"/> SIGNER	
Signature:	Email Address:	Driver's License No./State:	Issue Date:	Exp. Date:	<input type="checkbox"/> OWNER
				<input type="checkbox"/> BOTH	
Print Name/Title:	Mother's Maiden	SSN #:	Date of Birth:	SELECT ONE	
Address:		Best Contact #:		<input type="checkbox"/> SIGNER	
Signature:	Email Address:	Driver's License No./State:	Issue Date:	Exp. Date:	<input type="checkbox"/> OWNER
				<input type="checkbox"/> BOTH	

Taxpayer Certification	
Under penalty of perjury, I certify that the number shown on this form is the correct taxpayer identification number and the business entity is not subject to backup withholding.	
CERTIFICATION: I certify that I am authorized on behalf of this business and have reviewed the Business Deposit Account and Online Banking Agreement governing this account and as amended from time to time. The number of signatures required on checks and other written instructions is set, and any one of the authorized signers may act alone. The persons named above as AUTHORIZED SIGNERS are authorized to sign checks and otherwise give instructions on behalf of the business regarding its accounts and services.	
Further, I authorize Axos Bank to verify any information that I have provided, and based on that information, to request reports about me prepared by consumer agencies (i.e. ChexSystems, etc.) used by the Bank from time to time. I understand that if these reports contain any derogatory information, the Bank may refuse to open an account or add my name as an authorized signer. Upon request, Axos Bank will provide you with the name and address of the Consumer Reporting Agency contacted to supply the report, and I understand that credit inquiries have the potential to impact my credit score.	
Signature: _____	Title: _____ Date: _____

BANK USE ONLY

Date Rec'd: _____ Officer Code: _____ Account: _____ Input by: _____ Reviewed by: _____

