



Business Account Application

Business Name _____

EIN _____ PH _____ Email _____

Address (Location) _____

Address (Mailing) _____

Is business or account involved in Medical/Recreational Marijuana related activity? (CIRCLE ONE) **YES / NO**

Authorized Signer: _____ Title _____

Drivers License: _____ SS# _____

Phone Number _____ DOB _____

Authorized Signer: _____ Title _____

Drivers License: _____ SS# _____

Phone Number _____ DOB _____

Authorized Signer: _____ Title _____

Drivers License: _____ SS# _____

Phone Number _____ DOB _____

Online Bkg Checks Merchant Services Night Drop Remote Deposit Tax Deposits

Signatures – By signing this application, I hereby authorize 5Star Bank to open my account. I agree to allow 5Star Bank to make whatever credit inquiries it deems necessary in connection with this application. **Important:** Please include a copy of a government issued photo ID (Example – Driver’s license, Passport, etc.).

X _____ X _____
Applicant Signature Applicant Signature

X _____
Applicant Signature

INTERNAL USE ONLY

Special Instructions (Return Item, Account Manager contact info., etc.) _____

Date:

Employee: