



Business Account Application/CIP

Attn: New Accounts

PLEASE PRINT CLEARLY

Business Name: _____

Business is Native – Tribe _____ Non-Native

Type of Entity: Association/Cooperative Corporation Tribe/Municipality
 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 SSN DOB

Signer 2: _____
Full Name SSN DOB

Signer 3: _____
Full Name 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 * Money Market Savings CD (complete addendum)
- Visa Debit Card(s) Cash Management 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 18th St., Ste. 2460
Denver, CO 80202