

Business Account Information Sheet



PLEASE PRINT ALL INFORMATION

Date: _____

Account Name: _____

Type of Business: _____

EIN#: _____ Phone Number: _____

Fax Number: _____ E-mail Address: _____

Address: _____

Mailing Address: _____

Authorized Signature Information

Name 1: _____

Name 2: _____

Title: _____ SSN: _____

Title: _____ SSN: _____

Mother's Maiden Name: _____

Mother's Maiden Name: _____

Phone: _____

Phone: _____

Name 3: _____

Name 4: _____

Title: _____ SSN: _____

Title: _____ SSN: _____

Mother's Maiden Name: _____

Mother's Maiden Name: _____

Phone: _____

Phone: _____

★Please provide us a copy of your ID/driver's license for each authorized signer ★

Ownership of Account (Documents Required)

- Corporation
- Sole Proprietorship
- Partnership/Joint Venture
- Limited Liability Company
- Trust/Estate
- Title/Escrow
- Unincorporated Association
- Other _____

Type of Account / Commercial

- Regular Business Checking
- Commercial Checking/Analysis
- Interest Checking (Non-Profit/Sole Prop. Only)
- Commercial Money Market
- Time Deposit Term: _____ Rate: _____
- Business Savings
- Sweep Account
- *Promo Account: _____

Other Products

- Online Banking
- Debit/ATM Card
- Remote Deposit
- Merchant Deposit
- Overdraft Protection
- Check Order: _____
- Other (specify): _____

Referred by/Account Officer: _____

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