[Company Name]

## **CLIENT INFORMATION FORM**

## PERSONAL CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Date business commenced |  |
| First Name | Last Name | Sole proprietorship |  |
| Phone | Fax |  | Partnership |  |
| E-mail |  | Corporation |  |
| AddressCity, State ZIP Code |  | Other |  |

## BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| BUSINESS NAME |  | Bank name: |  |
| ADDRESS City, State ZIP CodeHow long at current address? |  | Primary business addressCity, State ZIP Code |  |
| Phone |  | Phone |  |
| Fax |  | Account number |  |
| E-mail |  | Type of account | Savings  Checking  Other |

## BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account | Savings  Checking  Other | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| ACCOUNT USAGE DETAIL | | | |
| Deposit account# |  |  |  |
| Credit Card# |  |  |  |
| Loan account# |  |  |  |

# agreement

The information provided on this form will be used for [DESCRIBE HERE] purpose only. By submitting my details herein, I hereby indicate my conformity to the use of the data as identified above.

## SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |