

FIRST STATE BANK OF UVALDE
COMMERCIAL LOANS - NEW CUSTOMER INFORMATION
**Required prior to opening account*

*Legal Name of Entity _____

*Physical Address _____

*Mailing Address (if different) _____

*Main Contact: _____ *Phone _____ Email _____

*EIN # _____

Type of business or profession _____

Prior banking relationships _____

Bank Name

City/State

Bank Name

City/State

***List of Documents provided:** *(must have documents before checking them off)*

CORPORATION:

PARTNERSHIP:

- ___ Articles of Incorporation
- ___ Corporate Resolution
- ___ Certificate of Good Standing

- ___ Partnership Agreement

LLC/LLP:

TRUST:

- ___ Articles of Organization
- ___ Certificate of Organization

- ___ Trust Agreement

By signing this document, I authorize First State Bank of Uvalde to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First State Bank of Uvalde products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

**Printed Name*

**Title*

**Customer Signature*

**Date*

For Bank Use Only
FIRST STATE BANK OF UVALDE CIP WORKSHEET

Documentary Verification

Indicate each document used for verification.

Primary	Secondary
<input type="checkbox"/> Drivers License _____ Expiration Date	<input type="checkbox"/> Social Security card
<input type="checkbox"/> State issued ID card _____ Expiration Date	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Military ID card _____ Expiration Date	<input type="checkbox"/> Insurance or Prescription Card
<input type="checkbox"/> Passport _____ Expiration Date	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> U.S. alien registration card _____ Expiration Date	<input type="checkbox"/> Student ID card
<input type="checkbox"/> Resident Alien Card _____ Expiration Date	<input type="checkbox"/> Employer Identification Card
	<input type="checkbox"/> Filed Marriage Certificate
	<input type="checkbox"/> Library Card
	<input type="checkbox"/> Apartment Rental Contract

Non-Documentary Verifications

Attach evidence of verification performed. If unable to provide evidence, attach a "CIP Non-Documentary Verification Report".

- Chex System Query Date _____ By _____ *(required for deposit accts)*
- Consumer report Date _____ By _____ *(required for loans)*
- ID Flag verification Date _____ By _____
- Other - _____ Date _____ By _____
- Other - _____ Date _____ By _____

CIP Completed By: _____ Date: _____

CIP Inputted By: _____ Date: _____

Reviewed By: _____ Date: _____

Input Reviewed By: _____ Date: _____