



REMOTE DEPOSIT SERVICES APPLICATION

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete			
LEGAL BUSINESS INFORMATION			
Legal Business Name:			Legal Tax ID #:
Legal Business Address:	City:	State:	ZIP:
Mailing Address:	City:	State:	ZIP:
Legal E-Mail Address:	Legal Telephone:	Legal Fax:	
Nature of Legal Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet _____% <input type="checkbox"/> MOTO Order <input type="checkbox"/> Business to Business (No Consumer Sales) _____%			
Business Location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence			
Ownership: <input type="checkbox"/> Owns <input type="checkbox"/> Rents – Provide Landlord Name, Address and Telephone: .			
Description of Products or Services Sold and Annual Gross Sales/Revenues for Last Fiscal Year:			
Legal Website Address:		Legal Seasonal Sales (Yes or No and Describe):	
Date Established:	Ownership (Month/Year):	Number of Employees:	
Annual Gross Sales/Revenues for Last Fiscal Year: \$		Number of Locations:	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other: .			
Refund Policy: <input type="checkbox"/> No Refund <input type="checkbox"/> Refund in 30 Days or Less <input type="checkbox"/> Merchandise Exchange <input type="checkbox"/> Other: .			

8727 W Sam Houston Parkway N, Suite 100, Houston, Texas 77040
 PO Box 41314 Houston, Texas 77241-1314
 281-894-3200



DOING BUSINESS AS (DBA) INFORMATION

DBA Name:		DBA Tax ID #:	
DBA Address:	City:	State:	ZIP:
DBA E-Mail Address:	DBA Telephone:	DBA Fax:	
Mailing Address:	City:	State:	ZIP:
Nature of DBA Business:			
<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Internet ____% <input type="checkbox"/> MOTO Order <input type="checkbox"/> Business to Business (No Consumer Sales) ____%			
Business Location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence			
Ownership: <input type="checkbox"/> Owns <input type="checkbox"/> Rents – Provide Landlord Name, Address and Telephone: _____.			
Description of Products or Services Sold and Annual Gross Sales/Revenues for Last Fiscal Year:			
DBA Website Address:		DBA Seasonal Sales (Yes or No and Describe):	
Date Established:	Ownership (Month/Year):	Number of Employees:	
Annual Gross Sales/Revenues for Last Fiscal Year: \$	Number of Locations:		
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
<input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other: _____			
Refund Policy:			
<input type="checkbox"/> No Refund <input type="checkbox"/> Refund in 30 Days or Less <input type="checkbox"/> Merchandise Exchange <input type="checkbox"/> Other: _____			

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PRINCIPAL INFORMATION

Name #1:		Title:	
Home Address:	City:	State:	ZIP:
Driver's License Number (Including State Issued):	Expiration Date:	Tax ID (SSN) #:	
Place and Date of Birth:	Home Telephone:	Ownership Percentage:	
Name #2:		Title:	
Home Address:	City:	State:	ZIP:
Driver's License Number (Including State Issued):	Expiration Date:	Tax ID (SSN) #:	
Place and Date of Birth:	Home Telephone:	Ownership Percentage:	

FINANCIAL INQUIRIES

Has the business declared Allegiance Bank Texasruptcy within the last 10 years? Yes No	If yes, what chapter?	Date of Filing:
Has any principal/owner declared Allegiance Bank Texasruptcy within the last 10 years? Yes No	If yes, name and chapter:	Date of Filing:
Any delinquent taxes owed by business or principal/owner? Yes No	If yes, explain:	
Any pending litigation or unsatisfied judgments for business or principal/owner? Yes No	If yes, explain:	
Does any one customer represent more than PERCENT of annual sales/revenues? Yes No	If yes, customer name and percentage:	
Is business for sale or under agreement that would change ownership? Yes No	If yes, explain:	
Has business incurred a loss in any of the last TIME PERIOD ? Yes No	If yes, amount of loss and explanation:	

FINANCIAL INSTITUTION REFERENCES

Financial Institution Name	Routing and Account Numbers*	Date Opened	Telephone Number

*Allegiance Allegiance Bank Texas Texas is authorized to initiate or transmit automatic credit and/or debit and/or check entries to the account identified in the **attached voided check** relating to the above account for all services contemplated under this Application. Said authority is granted to the Allegiance Allegiance Bank Texas Texas's processor and their agents.

TRADE OR BUSINESS REFERENCES

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REQUESTED DOCUMENTATION TO ACCOMPANY COMPLETED APPLICATION

General Information:

- Copies of organizational papers and business filing certificates.
- Signed business federal income tax return for the prior fiscal year or CPA prepared financial statements.
- Current business interim financial statement.
- Copy of business insurance certificates.
- Signed current personal financial statement for each principal/owner.
- Signed personal federal income tax returns for each principal/owner (all schedules, K-1's and W-2's for the last year).

Identification Information:

The Allegiance Allegiance Bank Texas Texas is required by federal law to obtain, verify and record information that identifies each individual or business opening an account to help the government fight the funding of terrorism and money laundering activities. We will ask you at the time of opening an account, your name, address, date of birth and other information that allows us to properly identify you. We will also ask to see your driver's license and other identifying documents for verification and recording purposes.

Name	Account Number	Product/Service Sold	Telephone Number

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