

New Account Application-Business



Account Name _____
Business name _____
Tax ID _____
Address _____

E-mail _____
Phone / Fax _____
Type of ownership _____
(Sole Proprietorship, Partnership, Corporation, Non-profit Corporation, LLC)
Type of business _____

Authorized Signer Information

Name _____
Address _____
Phone: Home _____ Work _____ Cell _____

Authorized Signer Information

Name _____
Address _____
Phone: Home _____ Work _____ Cell _____

Authorized Signer Information

Name _____
Address _____
Phone: Home _____ Work _____ Cell _____

I certify that everything I have stated in this application is correct.

Signature

Date

Fax Numbers:

Larned	620-285-3749
Overland Park	913-327-1125
Pratt	620-672-6577
luka	620-672-6577