

CAMBRIDGEPORT BANK

BUSINESS DEPOSIT APPLICATION

Are you a new Cambridgeport Bank customer? Y N

Date: _____

Sole Proprietor/DBA Partnership Corporation Non-Profit Trust Non-Incorp. Assoc. IOLTA

Business Name (Title): _____

Business TIN: _____

Authorized Signer _____ **Soc. Sec.** _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Mother's Maiden Name _____

Years at Current Address _____ License State & Number _____

Secondary Authorized Signer _____ **Soc. Sec.** _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Mother's Maiden Name _____

Years at Current Address _____

Additional Authorized Signer _____ **Soc. Sec.** _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Mother's Maiden Name _____

Please complete on next page

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Product Type Requested: (One per application)

Checking Account

Savings Account

Other Service

Required Documentation to open a Business Account:

- Sole Proprietorship – D.B.A./Trade Name Certificate and Proprietor Authorization Form
- Partnerships – Partnership agreement and Resolution of Partnership Form
- Corporations – Articles of Corporation, Resolution of Corporation form and Bearing Facsimile Signature
- Non-Profit – IRS TIN Certification Letter and Resolution of Non-Profit Association or Organization
- Non-Incorporated Association – A letter from the President and Secretary of the Organization certifying the authority of certain individuals to transact banking business on behalf of the Organization and a Resolution of Non-Profit Association or Organization Form

Additional Account Features:

Would you like information regarding...

... Visa Business Debit Card	Y	N
... Ordering Coin & Currency?	Y	N
... Internet Banking?	Y	N
... Day/Night Bag Services?	Y	N
... Merchant Card Services?	Y	N

The signer(s) hereby agree(s) to the rules, by-laws and fees of the Cambridgeport Savings Bank, also referred to as Cambridgeport Bank, which are now in force or as same may be amended from time to time. Each signer agrees that the bank may obtain any credit reference/report and/or verify information on the organization and each authorized signer in connection with the account. Under penalties of perjury, Signer 1 certifies that the number shown on this form is the correct taxpayer identification number to be used as an authorized signer on the account holder.

My/Our signature constitutes full understanding and receipt of all disclosures concerning any of the account options I/we have selected. The checked areas in the box(es) above indicate my/our selection of the account option so named.

Authorized Signer _____ Date _____
(Signer 1)

Authorized Signer _____ Date _____
(Signer 2)

Authorized Signer _____ Date _____
(Signer 3)

Please forward completed application to: Cambridgeport Bank Tele-Banking
P.O. Box 35800
Brighton, MA 02135