Seacoast Commerce Bank ®

Member FDIC

BANK BY MAIL BUSINESS ACCOUNT APPLICATION

Application Options:

- Complete and mail or fax this application to:
  SEACOAST COMMERCE BANK, 11939 RANCHO BERNARDO ROAD, SUITE 200. SAN DIEGO CA 92128. FAX (858) 432-7085
- Call a new account representative at (858) 432-7000

Ownership Type: ____ Corporation ____Partnership ____LLC ____LP ____LLP ____ Sole Proprietorship

State where entity is filed _____ Please call branch directly to obtain a documentation checklist for your entity type. All corporate documentation will be reviewed prior to account opening. Brokered Funds are not accepted at this time.

Account Type: _____ Deposit Amount $_____

COMPANY INFORMATION

Business Name:	Tax Id:
Physical Address(required):	
Mailing Address (If different than above):	
Phone Number:	Fax Number:
Contact Name:	Contact Phone Number:

PRIMARY SIGNER INFORMATION

Printed Name & Title	Social Security Number	Signature X
Primary I.D. (Driver's License # and State)	Issued Date	Expiration Date
Date of Birth	Mother's Maiden Name	Place of Birth (City, State or Country)
Physical Address(Required) Street, City, State, Zip		
Primary Phone	Secondary Phone	Fax
Title		E-mail

SECONDARY SIGNER INFORMATION

Printed Name & Title	Social Security Number	Signature X
Primary I.D. (Driver's License # and State)	Issued Date	Expiration Date
Date of Birth	Mother's Maiden Name	Place of Birth (City, State or Country)
Physical Address(Required) Street, City, State, Zip		
Primary Phone	Secondary Phone	Fax
Employer	Occupation	E-mail

Account Certification & Agreement:

I/We certify that everything (a) stated on this application is true and correct to the best of my/our knowledge and (b) I/We are at least 18 years of Age. I/We authorize Seacoast Commerce Bank to obtain credit bureau reports and verify employment. I/We acknowledge that if this account is approved, the account will be governed by Seacoast Commerce Bank's Rules for Deposit Accounts and Funds Availability Policies and any amendments and changes to them (copy to be mailed separately).

Under penalties of perjury, I certify that:

1) The tax ID number shown above is the correct taxpayer identification number 2) This entity is not subject to backup withholding because (a) It is exempt from backup withholding. Or (b) it has not been notified by the Internal Revenue Service (IRS) that the entity is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the entity that it is no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. Person (including a U.S. Resident Alien)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Depositor's Signature: _____ Date:_____

Depositor's Signature: _____ Date:_____