

Lone Star Bank, S.S.B.

Date _____

Business Account Application

Please fill out **TWO** applications one for the operating account

And one for the collateral account

Account # _____

Company Name _____ SSN or Tax ID _____

Physical Address _____

Mailing Address _____

Phone # _____ E-mail Address _____

Please List Authorized Signers Below:

_____	_____	_____	_____
Name	DL#	SSN	DOB
Title _____	Address _____		
E-mail Address _____			

_____	_____	_____	_____
Name	DL#	SSN	DOB
Title _____	Address _____		
E-mail Address _____			

_____	_____	_____	_____
Name	DL#	SSN	DOB
Title _____	Address _____		
E-mail Address _____			

_____	_____	_____	_____
Name	DL#	SSN	DOB
Title _____	Address _____		
E-mail Address _____			

If required, see second page for additional lines for authorized signers.

Please answer the following questions yes or no:

- | | | |
|--|---------|--------|
| 1. Will cash transactions of \$3000 or more be done: | () Yes | () No |
| 2. Will wire transfer services be used: | () Yes | () No |
| 3. Will transactions in monetary instruments be done (cashier's checks): | () Yes | () No |
| 4. Will there be significant use of electronic banking or e-cash: | () Yes | () No |

I hereby certify that the above information is correct and clearly understand that any false statement may result in the termination of this account relationship. I authorize Lone Star Bank, S.S.B. to obtain any credit information required concerning this application and I agree that this application shall remain their property whether the account is granted or declined. This also acknowledges receipt of the Funds Availability Policy, Electronic Transfer Disclosure, Privacy Disclosure, and Truth in Savings Disclosure.

Authorized Signature _____ Date _____

ATTACH CORPORATE RESOLUTION IF AVAILABLE

FOR BANK USE:

Date _____ Opening Amount _____ CK _____ Cash _____

Type of Check: Business Check _____ Personal Check _____ Other _____

Telecheck: Approved / Declined (circle one) Approval Code: _____ / _____ / _____
Approval # State issued Year issued

FOR CDs complete the following:

Term _____ Interest Rate _____ APY _____ Interest Payment Option _____

How often is interest paid? _____ Auto Renew or Single Maturity (circle one)

Number of Endorsements Required for Withdrawal _____

Additional Authorized Signers:

Name DL# SSN DOB

Title _____ Address _____

E-mail Address _____

Name DL# SSN DOB

Title _____ Address _____

E-mail Address _____