



BANK OF LAS VEGAS

NEW ACCOUNT WORKSHEET

CHECKING/SAVINGS PRODUCTS

Personal Checking Business Checking
 Personal NOW Checking Business NOW Checking
 Personal Money Market Business MMA
 Bonus Money Market
 Personal Savings
 Health Savings Acct. (HSA)

CERTIFICATES OF DEPOSIT

Short-Term 1 Year
 30 Day 18 Month
 90 Day 2 Year
 180 Day 3 Year
 IRA 5 Year
 Option Other

Office opening account: Black Mountain Decatur Desert Red Rock

OWNERSHIP OF ACCOUNT

Individual Joint Tenants Trust Other _____
 Corporation Sole Proprietor LLC Association/Non Profit

NAME/TITLE OF ACCOUNT

Address: _____ Mailing Address: _____

Work Phone: () _____ SSN/EIN/Tax ID #: _____

Email: _____ Web Page: _____

Corporate Filing Number and/or Business License# _____

SIGNERS:

Name: _____ Social Security # _____

Home Address: _____ Date of Birth: _____

City of Birth: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Employer: _____

Mothers Maiden Name: _____ Title: _____

Email: _____ Occupation: _____

Primary ID# _____ Exp Date: _____ State: _____ Issue Date: _____

Secondary ID# _____ Exp Date _____ Type: _____

Name: _____ Social Security # _____

Home Address: _____ Date of Birth: _____

City of Birth: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Employer: _____

Mothers Maiden Name: _____ Title: _____

Email: _____ Occupation: _____

Primary ID# _____ Exp Date: _____ State: _____ Issue Date: _____

Secondary ID# _____ Exp Date _____ Type: _____

Opening Deposit: \$ _____ Source of Funds: _____

Nature of Business: _____

Transaction Types: _____ Cash (in/out per wk) \$ _____ Wires (in/out per wk) \$ _____



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NEW ACCOUNT DOCUMENTATION REQUIREMENTS

Yes ___ No ___ **INITIAL** _____ DOES YOUR BUSINESS OFFER CHECK CASHING SERVICES?

Yes ___ No ___ **INITIAL** _____ DOES YOUR BUSINESS USE THE INTERNET TO SEND OR RECEIVE INFORMATION THAT COULD BE USED TO PLACE OR FACILITATE BETS/WAGERS?

_____ **Legible** Copies of TWO (2) forms of Identification for **EACH** signer

Primary: Drivers License or Passport

Secondary: Credit Card (You can black out all but the last 4 digits)

Other-Must have signature, name and ID or account number

_____ Corporate Filing Number or Business License Number: _____

_____ Verification of Tax ID Number (SS-4 Form)

_____ Sole Proprietorship: Copy of stamped and filed "Certificate of Business: Fictitious Firm Name" **

_____ Partnership: Copy of Partnership Agreement or Certificate of Limited Partnership

_____ Limited Liability Company (LLC): Copy of Articles of Organization AND Operating Agreement

_____ Corporation: Copy of Articles of Incorporation AND By-Laws, List of Current Officers (must match Secretary of State public record).

_____ Organization, Association or Non-Profit: Completed Resolution, By-Laws

_____ Trust: Copy of Trust Agreement

**Any entity operating under a fictitious name must have a FILED/RECORDED Certificate of Business. This document certifies that the said entity is conducting a business under the fictitious name.

ARE YOU INTERESTED IN OTHER BANK SERVICES?

Debit/ATM Cards ___ Internet Banking ___ Courier Service ___ Mortgage ___

Credit Cards ___ Merchant Services ___ Remote Deposit ___ Investments ___

Cash Management ___ Loans ___ Payroll Services ___ Private Banking ___

Black Mountain
1700 W. Horizon Ridge Pkwy.
Henderson, Nv. 89012
990-5900

Decatur
6001 S. Decatur
Lv, Nv. 89118
939-2400

Desert
3740 S. Pecos-McLeod
Lv, Nv. 89121
938-0500

Red Rock
10000 W. Charleston
Lv, Nv. 89135
948-7500