Application for Houses of Worship

Organization Information

Legal Name of the Organization | Federal Tax ID

When did the organization begin?

Street Address | City | State | Zip

Phone # | Fax #

Structure (Circle One)

Corporation Proprietorship Partnership

Contact Person:

Trade References

1) Name of Reference

Phone # | Contact Person or Account No.

2) Name of Reference

Phone # | Contact Person or Account No.

3) Name of Reference

Phone # | Contact Person or Account No.

Bank Reference

Name of Primary Bank | Account Number

Phone # | Contact Person

Membership Information

How many active members are in the organization?

How many paid employees?

What is the approximate weekly collection?

What is the approximate annual budget?

Do you have a national affiliation?

If yes, with who?

Address | City | State | Zip

By providing the information on this application, I authorize you or your assigns to investigate my/the company's financial responsibility and credit worthiness. I authorize you to update my/the company's credit profile from time to time as you deem appropriate.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

_____

Authorized Signature / Title | Date

_____

Printed Name / Title

Fax this completed application to **512-481-0238**

Questions? Call toll free **866-371-6741**

www.fx-financial.com

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