

Master Account Agreement – Business / Association



1230 Rosecrans Ave. Suite 120 Manhattan Beach, CA 90266
 (310) 536-2260 / (310) 536-2261 fax

Beach Business Bank and The Doctors Bank (a division of Beach Business Bank) (the "Bank") are the same FDIC-insured institution. Deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded the \$100,000 federal deposit insurance limit.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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.

Business Information (the "Company")			
Name		Business Ownership	
DBA (If Applicable)		Mailing Address (if different from Street Address):	
Street Address:		City, State, Zip:	
City, State, Zip		Type of Business:	Years in Business:
Main Phone:	Alternate Phone	Tax ID or EIN:	NAICS Code:

Business Certification – Sole Proprietorship	
I certify that I am a sole proprietor doing business as the Company named in this Deposit Agreement.	
X _____ Signature	_____ Date

Business Certification – Other than Sole Proprietorship			
Resolution: Resolved, that any one (1) of the following Company Representatives:			
Name	Title	Signature	Date
		X	
		X	

is authorized, on behalf of Company: (1) to enter into this Master Deposit Agreement with Bank; (2) to establish Accounts from time to time; (3) to close Accounts from time to time; (4) to designate Authorized Signers, who may but need not be Company Representatives, to specify the number of signatures required (subject to the Bank's written agreement to accept such restriction) and any other special instructions with respect thereto, and to add, delete or change such Authorized Signers, number of signatures, and special instructions from time to time; (5) to execute any agreement with Bank or other document in connection with the Accounts, including without limitation any facsimile signature authorization, funds transfer, automated clearinghouse, lockbox, payroll deposit, or other cash management agreement; and (6) to take any other action to carry out the terms of this resolution or any agreement or other document authorized hereby. Bank is authorized to pay checks and items signed as provided in this agreement, including those drawn to the order of any Company Representative or Authorized Signer. Bank is entitled to rely upon Company's delegation of authority to the Company Representatives and may accept instructions and certifications from any one of the Company Representatives as being fully authorized by Company. Bank is authorized to accept instructions from any one of the Company Representatives to close Accounts, open new Accounts in the Company's name(s), and request additional account services, without requiring further original signatures from anyone. Bank may accept instructions from any one of the Company Representatives, whether by telephone, facsimile transmission or personal computer, with the same affect as if originally signed. The Company Representatives agree to follow such security procedures as Bank may require and to provide any signature(s) required. Bank may at any time refuse to accept such an instruction from the Company Representatives, and may also terminate this agreement at any time. The Bank is fully authorized to record any telephone calls. Bank may continue to rely on this resolution, which will remain in full force and effect, until the Bank receives written notice from a Company Representative, and Bank has sufficient time to respond to such written notice, to effect such change that this resolution has been rescinded or amended.

Corporations / Lodges / Other Associations

I certify that I am the duly elected and acting secretary or assistant secretary of Company named in this Master Deposit Agreement. I further certify that the above resolution was duly adopted by the board of directors or other governing body of Company on _____ (date) (or if no date is indicated, then the date this certification was signed); that it has not been rescinded or amended and is still in full force and effect; that Company Representative(s) named in the resolution hold the office(s) or position(s) stated; and that all signature(s) of Company Representative(s) in this Master Deposit Agreement is/are the authentic signature(s) of the person(s) named.

Dated: _____ Signed: X _____
 Secretary or Assistant Secretary

Partnerships (General, Limited, Limited Liability) / Limited Liability Companies / Joint Ventures

We certify that we are all of the following: partners, if Company is a general or limited liability partnership; general partners, if Company is a limited partnership; managers, if Company is a limited liability company with managers; members, if Company is a limited liability company without managers; or venturers, if Company is a joint venture. We hereby adopt the above resolution, and we further certify that the Company Representative(s) named in the resolution hold the office(s) or position(s) stated; and that all signature(s) of Company Representative(s) in this Master Deposit Agreement is/are the authentic signature(s) of the person(s) named.

Dated: _____ Signed: X _____ Title: _____

Dated: _____ Signed: X _____ Title: _____

Taxpayer ID Number Certification	
Under penalty of perjury, I certify:	
1. That the number shown on this Master Deposit Agreement is my correct taxpayer identification number, and 2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. 3. I am a U.S. Person (including a U.S. Resident Alien)	
CAUTION: If you are subject to backup withholding, please strikeout the language in item (2) above.	
I understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.	
X _____ Signed: _____ Date _____	
_____ Taxpayer Identification Number	

Account Information					
The following accounts, and all accounts contained on a related Account Addendum are subject to this Master Agreement. The authorities granted to all Authorized Signers on this Master Agreement, and any beneficiary designations thereon, apply to all accounts noted on this Agreement and related Account Addendums.					
Account Number	Account Subtitle	Product Type	Date Opened	Date Closed	Officer Initial

Signer Authorization	
I certify that the following persons (including those on additional pages if referenced below) are the Authorized Signers for the Account(s) reflected on this Master Deposit Agreement. I understand and, by signing below, acknowledge that Beach Business Bank and The Doctors Bank (a division of Beach Business Bank) (the "Bank") are one and the same FDIC-insured institution. Deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded the \$100,000 federal deposit insurance limit.	
The undersigned authorize Beach Business Bank to investigate credit and employment history and obtain reports from consumer reporting agencies on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the accounts without requiring the signature of the other(s).	
Dated: _____	Signed: X _____, Company Representative

Authorized Signer 1		Each Signer must provide a legible copy of their driver's license or US Passport		
Name:	Identification: Description, Number, Issue Date, Expiration Date	Offr Init		
Title / Position:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No: Passport Number & Country/Date of Issue	Offr Init		
Work Phone / extension:	Social Security Number: Date of Birth			
e-mail Address:	Signature, use dark blue or black ink			
Mothers Maiden Name or Codeword	X _____			
Authorized Signer 2		Each Signer must provide a legible copy of their driver's license or US Passport		
Name:	Identification: Description, Number, Issue Date, Expiration Date	Offr Init		
Title / Position:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No: Passport Number & Country/Date of Issue	Offr Init		
Work Phone / extension:	Social Security Number: Date of Birth			
e-mail Address:	Signature, use dark blue or black ink			
Mothers Maiden Name or Codeword	X _____			

Check if Additional Signer Addendum Needed: Yes

Bank Use Only:			
Date Opened:	Opened By:	Date Closed / Superceded:	
Referred By:	Source of Funds:	Previous Bank:	
Verifications Business Principal 1 Principal 2	ChexSystems	OFAC	Follow-up
Approved by:	Approval Date:		
Comments:			