



Application for Remote Deposit Service

General Information

Business Customer Name		Primary Contact Person	
Brief Description of Business			
Date Business Established	Tax ID Number	Number of Employees	E-mail of Primary Contact

Requested Daily Limit & Anticipated Transactions

What is the daily limit you are requesting for deposits made through the Service?	\$
State the maximum amount you anticipate depositing each day using the Service.	\$
State the maximum amount of any single check you anticipate depositing through the Service.	\$

Banking Relationships

Deposits: Financial Institution	Account Number	Average Balance (3 Months)		
Loans: Financial Institution	Loan Type	Monthly Payment	Original Balance	Current Balance

Principal Owners *(persons with a 20% or greater ownership interest)*

Name	Position/Title	SSN/TIN	Years as Owner	Percentage Owned

Other Information *(please attach an explanation for each "yes" response)*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business and/or any principal owner defaulted on any loan within the last 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business and/or any principal owner currently involved in any litigation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business and/or any principal owner ever filed for bankruptcy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any taxes (income, FICA, sales, etc.) currently past due by the business and/or any principal owner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business and/or any principal owner being audited by the IRS, FTB, or other taxing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business materially out of compliance with applicable laws and regulations?

References

Name	Phone Number	Relationship

Attachments

Business	Requested Daily Limit		
	\$25,000 or less	\$25,000-\$49,999	\$50,000 or more
<input type="checkbox"/> Year end financial statements (balance sheet & income statement)	No	1 Year	2 Years
<input type="checkbox"/> Tax returns	No	1 Year	2 Years
<input type="checkbox"/> Accounts receivable & payable agings	No	No	Most Recent
<input type="checkbox"/> Interim financial statements	No	Yes	Yes
Principal Owners			
<input type="checkbox"/> Current personal financial statement (please sign)	No	No	Yes
<input type="checkbox"/> Tax returns (including K-1s and other supporting schedules)	No	No	2 Years

Certification and Authorization

By signing below, you certify that all statements in this Application and on each document required to be submitted in connection with this Application are true, correct, and complete to the best of your knowledge. You authorize Pacific Premier Bank ("Bank") to make such inquiries and to gather such information as the Bank deems necessary or desirable regarding the business or yourself (including but not limited to obtaining business and personal credit reports), and to repeat such inquiries from time to time as the Bank deems desirable in connection with the Service requested in this Application.

Date	
Signature/Title	Signature/Title
Signature/Title	Signature/Title

Bank Use Only

Application Source	Date Received
Approved	Date Action Taken
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Daily Deposit Limit for Remote Deposit Service:	\$
Approved Single Check Limit for Remote Deposit Service:	\$
Initial Reserve Amount for Remote Deposit Service:	\$
Approving Officer	Date
Reviewing Officer	Date