



Western Commerce Bank

CARLSBAD, NEW MEXICO 88220

WCB Personal Information (CI) Application

Name (As On SSN): _____

Street Address: _____ Mailing: _____

City/State/Zip _____

DOB: _____ Soc Sec/ITIN: _____

HM PH: _____ Work PH: _____

Cell PH: _____ Email: _____

Employer: _____

Job Title: _____ Occupation _____

ID/DL State: _____ DL # _____

Issue Date: _____ Expiration Date: _____

(Must have two phone numbers of how to contact customer.)

(Must show current driver's license and social security card.)

(Must print and bring this into the bank branch of your choice, along with all required documentation to open account.)