



Bank Use Only	Date _____
	Branch _____
	CSR Initials _____
	Checking Account # _____
	Savings Account # _____

BUSINESS ACCOUNT APPLICATION

Name of Entity or Individual _____ DBA _____
Registered under assumed name statute? Y or N

Are you a U.S. Citizen? ☐ Yes ☐ No
Form of Organization – What is your business type?

☐ Sole Proprietorship ☐ *Partnership ☐ *LLC (Limited Liability Company) *Beneficial Owner Form Required
☐ Clubs and Civic Organizations ☐ *Corporation ☐ Trust

Employer Identification Number _____

☐ Sole Proprietor (Need Valid ID & Sole Proprietorship Resolution) fictitious name registration – if applicable

Social Security Number (Sole proprietor or one person LLC only) _____

Business Address _____

Phone # _____ Fax# _____ E-Mail Address _____
Website _____ # of years in business _____

Description of Business: i.e., products, services, clientele, geographic area, etc. _____

Names of Signers or Authorized Signers on this Account, Title and/or Position (signers will sign on next page)

Please check the services you expect to use, their frequency (daily, weekly, etc.) and their average dollar amounts where requested:

<input type="checkbox"/> Deposits	Frequency _____	Avg. Amount \$ _____	% in cash _____
<input type="checkbox"/> Cash Withdrawals	Frequency _____	Avg. Amount \$ _____	
<input type="checkbox"/> Check Cashing	Frequency _____	Avg. Amount \$ _____	
<input type="checkbox"/> Wire Transfers	Frequency _____	Avg. Amount \$ _____	
<input type="checkbox"/> Electronic	Frequency _____	Avg. Amount \$ _____	
<input type="checkbox"/> Loans			
<input type="checkbox"/> Safe Deposit Box			
<input type="checkbox"/> Other	Please explain: _____		

Account Number

Amount of Opening Deposit Source of Opening Funds: ☐ Check ☐ Cash ☐ Internal Transfer

If Internal Transfer, specify account number

Will you be cashing checks for people? ☐ Yes ☐ No

If you cash checks, will they be greater than \$1,000? ☐ Yes ☐ No

Will you perform wire transfer services? ☐ Yes ☐ No

Will you sell money orders? ☐ Yes ☐ No

Will you conduct internet gambling transactions? ☐ Yes ☐ No

Is the business a payday lender? ☐ Yes ☐ No

Are you a redeemer of Travelers checks? ☐ Yes ☐ No

Are you a redeemer of Money Orders? ☐ Yes ☐ No

Do you provide check – cashing services? ☐ Yes ☐ No

Do you provide currency exchange services? ☐ Yes ☐ No

If yes to any of these services, do you expect the combination of these services aggregated to be \$1,000 or more per customer per day? ☐ Yes ☐ No

Do you provide deferred presentment services (advancing cash for a postdated check)? ☐ Yes ☐ No

Do you provide other financial services, such as title loans or cash advances? ☐ Yes ☐ No

Do you pay your employees in cash or cash their paychecks? ☐ Yes ☐ No

Will you operate a privately owned ATM? ☐ Yes ☐ No

If yes, what is the name and address of the ATM sponsor _____

(i.e. Bank whose name is on the ATM)? _____

How do you replenish the currency in your ATM and where do you obtain funds? ☐ NA ☐ Yes Explain _____

Are you an issuer of Money Orders? ☐ Yes ☐ No

Are you an issuer of Travler's Checks? ☐ Yes ☐ No

Are you an issuer of Stored Value Cards/Pre-Paid Cards? ☐ Yes ☐ No

*If yes, are any of these provided as an agent for another entity (i.e. American Express, etc.)

Entity Name _____ Entity Address _____

If yes to either, have these services ever aggregated to \$1,000 or more per customer day? ☐ Yes ☐ No

Do you provide money transmission services? ☐ Yes ☐ No

If yes, are these services provided as an agent for another entity (i.e. Western Union)? ☐ Yes ☐ No

Do you sell lottery tickets? ☐ Yes ☐ No

If yes, what percentage of the business income is from lottery tickets sales? _____ %

If you are considered an MSB, have you registered with FinCEN? (If so, provide copy of registration) ☐ Yes ☐ No

Business Model – **Check All Models that would Apply:**

Retail ☐ Yes **Wholesale** ☐ Yes **Storefront Business** ☐ Yes **Home Based Business** ☐ Yes

Internet Based Business ☐ Yes **No product or services provided** ☐ Yes

Will you have Hemp related product sales ☐ Yes If yes, explain product being sold _____

BANK USE ONLY (* = Required)

____ ID According to CIP Requirements*

____ Debit/ATM Card

____ Electronic Banking Services Info

____ Merchant Services (Iroquois)

____ BNControl New Acct Business Worksheet (if applicable) * ____ Beneficial Ownership Certification*

*Would you like us to refer our customers to your business? ____ *Yes ____ No ____

*If customer chooses yes, tell them about BaZing

____ Check order

____ Loan Officer Intro

____ Safe Deposit Box # _____

____ USInfosearch*

____ Cash Management

____ **Watch Dog** OFAC*

____ Disclosures

____ Other _____

____ *BaZing

____ Scan BankMgr _____ Initial _____ Date