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|----------------------|--------------------------|
| 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:

- Deposits Frequency _____ Avg. Amount \$ _____ % in cash _____
- Cash Withdrawals Frequency _____ Avg. Amount \$ _____
- Check Cashing Frequency _____ Avg. Amount \$ _____
- Wire Transfers Frequency _____ Avg. Amount \$ _____
- Electronic Frequency _____ Avg. Amount \$ _____
- Loans
- Safe Deposit Box
- 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 ser 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 (Bancard)

___ 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