



BUSINESS ACCOUNT APPLICATION

Please provide the information below. Any area left blank may cause a delay in account processing.

Business Information			
Business Name: (As listed with the Secretary of State)		TIN:	
Mailing Address:	City:	State:	Zip:
Physical Street Address:	Business Phone:	E-Mail:	

Business Profile	
Type of Business: (please check one)	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole-Proprietorship
<input type="checkbox"/> LLC (S-Corp, C-Corp, or Partnership)	
<input type="checkbox"/> Partnership/LLP	
Purpose of Account:	<input type="checkbox"/> Operating <input type="checkbox"/> Payroll <input type="checkbox"/> Other:
Amount of opening deposit:	Form of Deposit: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Other

Nature of Account	
Please describe the nature of the business and activity:	
Will the business be involved in Marijuana related activity?	YES NO
Will the business be involved in Hemp related activity?	YES NO
Will the business operate a privately held ATM?	YES NO
Will the business be involved in Internet Gambling?	YES NO
Will the business be conducting any Bitcoin or Crypto-Currency activity?	YES NO
Will the business be operating as an MSB or offer check cashing services?	YES NO

Expected Monthly Account Activity (Best Guess)		
Number of Cash Deposits:	Average Amount \$	
Number of Deposits:	Average Amount \$	<input type="checkbox"/> ACH <input type="checkbox"/> Checks
Number of Cash Withdrawals:	Average Amount \$	
Number of Other Withdrawals:	Average Amount \$	<input type="checkbox"/> ACH <input type="checkbox"/> Checks
Wire Activity: Incoming: Outgoing:	Average Amount \$	<input type="checkbox"/> Foreign <input type="checkbox"/> Domestic

The information I have provided on this form is correct to the best of my knowledge.

Customer Signature: _____

Date: _____