

# Legal Entity Application for Business Account

## PART I Information

Name of Legal Entity: \_\_\_\_\_

Tax Reporting Number (EIN or SSN if Sole Prop/Single Member LLC): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a new or existing customer of ours? \_\_\_\_\_

What does the business do? \_\_\_\_\_

Who is your targeted customer base? \_\_\_\_\_

Do you have more than one business checking? If so, how many? \_\_\_\_\_

What is the purpose of this account(s) (Operations, Payroll, etc.)? \_\_\_\_\_

Source of funds used to open account: \_\_\_\_\_

Type of Legal Entity:

Sole Proprietorship  Corporation  LLC  Partnership  Non-profit  Club/Team/Organization

Other: \_\_\_\_\_

## PART II Banking Transaction Information

Which of the following additional services are you interested in getting more information on?

<input type="checkbox"/> Credit Card(s)	<input type="checkbox"/> Remote Check Deposit	<input type="checkbox"/> Card Processing	<input type="checkbox"/> ACH Processing
<input type="checkbox"/> Payroll Processing	<input type="checkbox"/> Online Payment Portal	<input type="checkbox"/> Domestic Wires	<input type="checkbox"/> International Wires

## PART III

## Risk Assessment

### Internet gambling questions

Does your company have any games or financial activities on its website?  Yes or  No

Do you provide services to companies who provide internet gambling?  Yes or  No

### MSB Questions

Does your company cash checks for other people?  Yes or  No

If yes, could it be greater than \$1000 per person/day?  Yes or  No

Does your company issue cashier's checks or money orders?  Yes or  No

If yes, could it be greater than \$1000 per person/day?  Yes or  No

Does your company exchange any minted currency (foreign or domestic)?  Yes or  No

If yes, could it be greater than \$1000 per person/day?  Yes or  No

Do you transmit currency, even virtual currency, at any dollar amount?  Yes or  No

Example: Processing wire transfers for your customers

Do you sell or provide prepaid cards?  Yes or  No

Does your business own any ATM machines?  Yes or  No

Is this business a marijuana-related business?  Yes or  No

### Nonprofit Organizations

What is the purpose of your nonprofit organization? \_\_\_\_\_

Where do the donations come from? \_\_\_\_\_

- Copy of 501C paperwork required.

## PART IV

## Documentation on Structure of the Business

The following documentary and non-documentary items are required based on the business type:

- Sole proprietorship:** Business Resolution, if doing business under a Fictitious Name a Registration of Trade or Fictitious name is required with the Secretary of State. (SKIP PART VI)
- Corporation:** Articles of Incorporation, Business Resolution, as well as, registration with Secretary of State.
- Limited Liability Company (LLC):** Articles of Organization, Business Resolution, as well as, registration with Secretary of State.
- Partnership:** Certificate of Partnership, Business Resolution, as well as, registration with Secretary of State (excluding General Partnership)
- Club/Team/Organization/Etc:** Business Resolution
- Multi-Tier Business:** Multi-Tier Business Form, Business Resolution for every business, as well as, registration with Secretary of State.

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name & Title of Person Opening Account:

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b. Name & Type of Legal Entity for Which the Account is Being Opened:

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c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. Do not put entities.

Not Applicable- No individual meets this definition

1.  Copy of ID obtained

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Name

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Date of Birth

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Address

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Social Security Number

2.  Copy of ID obtained

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Name

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Date of Birth

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Address

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Social Security Number

3.  Copy of ID obtained

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Name

---

Date of Birth

---

Address

---

Social Security Number

4.  Copy of ID obtained

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Name

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Date of Birth

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Address

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Social Security Number

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

*If appropriate, an individual listed under section (c) above may also be listed in this section (d).*

1.  Copy of ID obtained

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

I, \_\_\_\_\_ (*name of person opening account*), hereby certify, to the best of my knowledge, that the information provided herein is complete and correct. I also agree to notify \_\_\_\_\_ of any change in the information provided within this Certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART VI**

## **Authorized Signer Info**

The following information and documentation is needed for each Authorized Signer:

- Completed Customer Information Form
- Copy of Driver's License