

CENTRAL INFORMATION FILE ACCOUNT DATA SHEET (COMMERCIAL)

APPLICATION:

___ Checking ___ Savings ___ CD ___ Safe Deposit Box ___ Money Market Savings

Expected Services:

___ ATM ___ Debit Card ___ Money Order/Cashier's Checks ___ EFTs/Wires/ACH

CLASSIFICATION (CHECK ONE):

___ Sole Proprietorship ___ Corporation (for profit) ___ Limited Liability
___ Partnership ___ Corporation (non-profit) ___ Lodge/Association
___ Other (i.e. Club Accounts) ___ S or C Corporation

Is your business a Money Services Business? Do you offer any of the following services: ___ Yes ___ No

- Currency Exchange (US/Canadian for over \$1,000 per Individual in one day)
- Check Cashing (over \$1,000 per Individual in one day)
- Issuer of any of the following: Traveler's Checks, Money Orders, Prepaid Cards (over \$1,000 per Individual in one day)
- Money Transmitter (wire transfers)

Will you be involved in the growing, processing, selling, or distribution of marijuana or its derivatives?

Yes ___ No ___

Will you have an ATM Cash Machine? YES___ NO___ If yes, where will the funds come from for the ATM?

APPLICANT: NOTE- Providing false information on the application is subject to possible perjury charges. M.S. 48.152, Subd. 2

Legal Name of Business Entity _____

Type/Description of Business _____

Full Name of Applicant _____

Full Name of Co-Applicant _____

Mailing Address _____

Physical Address _____

Country of Residence _____

Business Phone Number _____ Home Phone Number _____

Cell Phone Number _____ 2nd Cell Phone Number _____

E-mail address _____

Date of Birth _____ Date of Birth (Co-Applicant) _____

Federal Tax Identification Number _____

Social Security Number _____ SS# (Co-Applicant) _____

Drivers' License # _____ State _____ Exp. _____

Lic. # (Co-Applicant) _____ State _____ Exp. _____

Identification Document # _____ Description _____

USA PATRIOT ACT Customer Identification requirements: In accordance with Section 326 of the USA Patriot Act, applicants for new accounts are requested to provide current picture identification that verifies identity including name, address and other identifying information.

If you are opening a checking account, questions 1-4 must be answered. If you answered yes to 2(a) or 3, you may be denied a checking account. Disclosure of such reasons for denial will be given to the applicant in writing upon request. M.S. 48.152, Subd. 3.

1. (a) Have you had a checking account at the same or another financial institution within the immediate past 12 months? Yes or No _____

The name and address of that financial institution:

(b) Was the account in good standing? Yes or No _____

2. (a) Have you had a previous checking account closed by a financial institution without your consent within the immediate past 12 months? Yes or No _____

If yes, the reason the account was closed:

(b) Have you had a previous account in good standing within the past 5 years that was voluntarily closed? Yes or No _____

3. Have you been convicted of a criminal offense involving the use of a check within the past 24 months? Yes or No _____

4. Other Banks Used _____

I believe the above information to be true and correct to the best of my knowledge.

Applicant's Signature X _____ X _____

Date of Application _____ References _____

FOR BANK USE ONLY

Early Warning _____ Date _____ Time _____

Record? Yes or No

DL# (or other ID) Confirmed for Applicant? Yes or No Co-Applicant? Yes or No

Other Remarks _____